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# Alternative Child Care and Deinstitutionalisation

A case study of Uganda

Dr Ian Milligan

November 2016



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The fieldwork associated with this report included interviews with key informants, focus group discussion with foster carers and activity groups with children. Dr Betty Kwagala was recruited as a national researcher to support the fieldwork, and she was assisted by two research assistants, Ms Shilla Omuriwe-Buyungo and Mr Bryan Naduli for the work with children. Dr Kwagala was a kind and supportive colleague who participated in the interviews and commented upon drafts of the report. Betty took the lead in the group work with the children and provided valuable assistance with cultural orientation and translation as necessary.

Many of my 'key informants', listed in Appendix 1, were generous with their time and provided much comment and insight about alternative care in Uganda. My CELCIS colleagues Drs Chrissie Gale and Graham Connelly have also played a significant part in the preparation and production of this report. They have provided guidance, suggestions and reviewing and editing skills aplenty.

## Terminology

All the interviewees including the foster carer participants in the Focus Group Discussions are referred to as 'informants' or 'key informants' in the text of the report. Anonymity was offered to all interviewees and, while they agreed to be quoted, we have not identified the source of these specific quotes.

## Acronyms

ACCoSS	Alternative Care Consortium on Systems Strengthening
ACF	Alternative Care Framework
ACP	Alternative Care Panel
CBO	Community Based Organisation
CCI	Child Care Institution
CDO	Community Development Officer (employed at District and County levels)
CWD	Children with disabilities
DHS	Demographic Health Survey
DOVCU	Deinstitutionalisation of Orphans and Vulnerable Children Uganda
FBO	Faith Based Organisation
FGD	Focus group discussion
ICA	Inter-country Adoption
MGLSD	Ministry of Gender, Labour and Social Development
NOP	National Orphans and Vulnerable Children's Policy
NGO	Non-Governmental Organisation
NSPPI	National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable children
PSWO	Probation and Social Work Officer
UNICEF	United Nations Children's fund
UPE	Universal Primary Education
USAID	United States Agency for International Development
VSLA	Village Savings and Lending Association

# Executive summary

## Introduction

The European Commission Directorate-General for International Cooperation and Development (DG DEVCO) commissioned SOS Children's Villages International to undertake case studies of arrangements for 'alternative child care' in six non-European countries across three continents to help inform the EU's future strategy for provision of support for children in countries outside Europe. This report is a case study of one of the six countries, Uganda. A companion report provides a summary of alternative child care across Sub-Saharan Africa. The results of the regional reports and case studies are synthesised in a report entitled *Towards the Right Care for Children: Orientations for reforming alternative care systems. Africa, Asia, Latin America* (European Union, Brussels, 2017).

## Methodology

This report, a case study of Uganda, was compiled by a combination of a desk exercise - which involved reviewing documents sourced by a literature search and documents received from contacts in Uganda – and conducting interviews with key informants during a field visit which took place in July 2016. One interview was conducted by phone with an informant in the UK prior to the field visit.

## Country context

Uganda is a very poor country, ranked at 163 out of 188 in the global Human Development Index,<sup>1</sup> and most of its neighbours are of similar development and economic status. It has a fast-growing population, 40m by the most recent estimate and over 50% of the population are children under 15 years.

Administratively, the country is divided into Districts, Counties (and sub-Counties) and parishes. There are currently 112 Districts, which have become the focus for the development of local government and de-centralisation of powers. Child protection is one such area, and the responsibility for overseeing child care and child protection services lies in the hands of the District Probation and Social Welfare Officer(s) (PSWO).

Uganda established free universal primary education (UPE) in 1997, and nearly all children start school. Dropout rates are high, however, and there are questions about the quality of some of the UPE schools.<sup>2</sup> There are many major health challenges, notably HIV infection risks, which have resulted in many Ugandan children losing one or both parents.

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<sup>1</sup> UNDP. (2015). List of countries by Human Development Index.

<sup>2</sup> UNICEF Uganda. (2013). *Assessing Child Protection, Safety and Security Issues For Children in Ugandan Primary and Secondary Schools*. Research Briefing. Kampala: UNICEF Uganda.

In 2016, the Government published a *National Action Plan on Children's Well-being*<sup>3</sup>, which acknowledges the need to do better for children. The report makes major commitments in the area of alternative care.

- Religion and the practice of faith is a very significant feature of Ugandan life: the population is described as 85% Christian and 12% Muslim. This faith context is important because indigenous FBOs are playing a major role in child care services across the country, and much of this work is externally funded through overseas – and in particular US-based – churches, individuals and faith-based NGOs.

## Key issues impacting alternative care

- 1 the weakening of traditional kinship care bonds, especially among very poor families
- 2 the impact of school-related costs especially on very poor families, and the desire for access to education, as a driver of institutionalisation
- 3 the huge growth in number of residential care facilities, and the poor quality of care provided, including the misuse of CCIs as a commercial enterprise, with children being 'recruited' children from poor families
- 4 major government-led reform efforts, including the development of a national Alternative Care Framework, and related deinstitutionalisation projects
- 5 the growth in cases of ICA using legal loopholes to frustrate the intent of protective legislation, and recent legislation to close off these loopholes

### 'Poverty plus' (driving separation and institutionalisation)

Recent reports note the significance of material poverty and strain on families and communities leading to children becoming separated from families. However, research is showing that often it is a combination of factors beyond poverty that is leading to children being placed in institutions, including a wide range of family problems and child protection risks. Among the risks that may lead some children to run away from home are child marriage – which is common yet illegal – and child sacrifice/mutilation.

### Kinship care

Even allowing for the explosion of residential care, it is widely recognised that the number of children in kinship care far surpasses any other option for orphans or children who, for one reason or another, have lost the care of their parents. However, despite being a very common phenomenon, there are also reports that traditional kinship care bonds are weakening or breaking down under the pressure of poverty *and* changing norms. A number of research projects have been carried out into kinship care in Uganda and neighbouring countries.<sup>4</sup> These studies recognise both the scale and positive value of

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<sup>3</sup> Government of Uganda. (2016). *National Action Plan for Child Well-being 2016 -2021*.

<sup>4</sup> Save the Children. (2015). *A sense of belonging: Understanding and improving informal alternative care mechanisms to increase the care and protection of children, with a focus on Kinship care in East Africa*. Kenya: Save the Children



this option for OVCs, but also report on the significant ‘child protection’ risks associated with kin care.

## Residential Care

As this issue of the growth of unregistered and poorly functioning ‘institutions’ was so central to this report, we attempted to produce an approximate categorisation of the residential facilities currently found in Uganda. The largest groups, and the ones causing most concern, were those run by Pentecostal churches and other FBOs. There are also reports of large-scale residential facilities attached to madrassas, but little is known about their operation. Reports suggest that the main source of funding for the majority of CCIs is child sponsorship by individuals, international NGOs and churches outside the country. One report shows that over 80 per cent of funding for *private* institutions comes from outside the country.<sup>5</sup>

The context of alternative care in Uganda in 2016 is dominated by the enormous and unregulated growth in the number of children’s facilities in the past 10 years. Some reports suggest that Uganda had perhaps 35 children’s homes during the mid-1990s, but since then the numbers have grown steadily and, according to informants, the increase appears to have accelerated in the past 5-10 years. The Commissioner for Child and Youth Affairs in the Ministry estimates that there are 600+ residential facilities in Uganda.

Since the development of the ACF and the initial creation of the CCI Database in 2011, major NGOs in conjunction with the MGLSD have undertaken a number of ‘deinstitutionalisation projects’, in order to try to make progress in mapping and monitoring residential facilities, improving services, developing the ACF and making progress in deinstitutionalisation.

## Children’s voices

The fieldwork for this report included consultations with children which took place with separate groups of 10 or so boys and girls in 2 different children organisations, both of which were ‘Children’s Villages’ run by 2 different European-based organisations. They are thus not representative of the many diverse residential care facilities that have been described in this report.

Children in both institutions attend local schools outside their institutions. The schools clearly play a very important part in the lives of the children – many of them mentioned school friends among those who are important to them. However they experienced some mixed comments from other children at school. Children told us:

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International; Roby, J., Shaw, S. & George, L. (2013). Perceived food and labor equity and school attendance among Ugandan children living in kin care. *International Journal of Social Welfare*, 23(2), 205-214.

<sup>5</sup> Walakira, E., Dumba-Nyanzi, I. & Bukenya, B. (2015). *Child care institutions in selected districts in Uganda and the situation of children in care: A baseline survey report for the Strong Beginnings project*. Kampala: Terre des hommes, Netherlands.

‘Some of those children want to come and live here because they think it is nice, while we want to see our parents. They admire what we have here but we want our parents.’

## Foster Care

A number of NGOs have started to develop (formal) foster care in Uganda in recent years. The 2004 Children Act, the main piece of legislation governing the care, protection and maintenance of children, contains guidance on alternative care, and includes reference to fostering and a set of Foster Placement Rules. Uganda is typical of the region in that ‘the development of widespread formal foster care services continues to be slow and small-scale’, and mainly exists as small-scale, pilot projects developed by NGOs.<sup>6</sup>

Under current legislation there should be a Court order authorising placements for all children placed in foster care, as for children in residential care. It is the duty of the PSWO to seek the Court order but the foster parent and the child are expected to be present in Court. The NGOs involved in this process report that many foster parents are very daunted by this prospect.

Payment of foster carers is usually seen as a key component of a formal (non-kin) service, recognising that there are real costs involved in bringing up a child and that ‘work’ is being done on behalf of the State. Nevertheless, in very low-income countries finding State budgets to fund foster care is usually not seen as realistic. However, there is always the question of the ‘sustainability’ of NGO-payments and this is an issue being debated within Uganda. Some NGOs are providing small cash payments while others provide some in-kind resources.

## Prevention

There is very little systematic ‘prevention’ work being carried out by social work personnel in Uganda. Prevention is a cornerstone of the *Alternative Care Framework*, yet the area of service development which is currently most lacking. The Government, with the support of INGOs does undertake OVC programming, aimed at supporting large numbers of vulnerable families, and this constitutes a form of primary prevention, which commonly works through community groups seeking to identify the poorest and most vulnerable families, and provide them with access to health and education and income generation support.

## Resettlement

The process of reintegrating children living in residential care with parents or kin is most commonly referred to in Uganda as ‘resettlement’. In the Ugandan context it is likely

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<sup>6</sup> Family for Every Child. (2015). *The place of foster care in the continuum of care choices: A review of the evidence for policymakers*. Family For Every Child. London: UK. Page 35.

that the families will need some assistance to strengthen their capacity to generate income and perhaps some help with parenting, especially for those children who have been living on the streets or who have experienced significant trauma. From a protection perspective, the children will need to be monitored for a period of time to make sure that the families and communities are taking care of them. All the available evidence suggests that, with a few exceptions, most residential care facilities are putting little or no effort into resettling children.

## **Leaving Care**

In Uganda, there has been little official focus on the group of young adults who may leave care at age 18 and thereafter have to find a way forward in life without the benefit of family networks or adequate preparation for reintegration. Most informants suggested that most 'care-leavers' would face many challenges and difficulties, and an adult care-leaver himself reported about how inadequately his care had prepared him to participate in life in the community once he had left care. The issue of support for care-leavers has been pushed forward since the adoption of the ACF, and is one of the topics that has now been included in an *Action Plan on Alternative Care* currently being prepared by the multi-agency Child Protection Working Group within the MGLSD.

## **Adoption**

National adoption is a little used option for children in Uganda, though it is now being encouraged under the ACF. A lengthy period of fostering is regarded as an essential precursor to adoption – both national and ICA, and this is specified in legislation. In the period 2007-2015 there was a sudden increase in ICA, using a legal loophole to avoid the fostering requirement. This loophole has now been closed.

## **Legislation**

The principal legislation governing care for children separated from their parents is the Children Act of 2004 which has recently been amended by The Children (Amendment) Act, 2016. This Amendment Act has been welcomed by the child protection agencies as it addresses a number of key issues. Once established, it which should help tackle abuses and improve the operation of alternative care. The Amendment Act has also set out the concept of a 'continuum of care' which includes reference to family preservation, kinship care, foster care, adoption and institutional care. The Act places a duty on the Minister of GLSD to develop a 'national strategy' for the provision of prevention and early intervention programmes to families, parents, caregivers and children (S. 42B).

## **Ministry of Gender, Labour and Social Development**

Responsibility for alternative care lies with the Ministry of Gender, Labour and Social Development (MGLSD), and specifically with the Commissioner for Children and Youth Affairs and his staff. However, there are only a small number of staff responsible for alternative care. They are responsible for the usual range of central policy development and national oversight functions, including registration of residential care facilities.

## Key findings and recommendations

The existence of strong formal commitments to children's rights and legal provision to protect children is simply not proving the foundation for action that might have been anticipated. This is due to the weakness of government institutions at central and local level, but also due to the impact of poverty on families and lack of community-based social services.

Recommendations focus on strengthening both central and local government capacity to enforce the law and develop community-based services to support resettlement and closure of many unsatisfactory residential care facilities. Donor advocacy is seen as crucial to supporting these processes.

- 1 Continued strengthening of Ministry and District capacity to register, monitor, persuade and educate owners/managers of CCIs to work to the Alternative Care Framework.
- 2 Advocacy aimed at promoting the importance of the Alternative Care Framework to senior District politicians and officials.
- 3 Share learning across agencies about best methods of sustainably supporting kin families in context of resettlement and prevention work.
- 4 Continue to pilot fostering and to share practice as it emerges.
- 5 Increase capacity of CCIs to operate as per the Guidelines, notably with concepts of family contact, improved care-planning and record-keeping.
- 6 Advocacy aimed at donors and funders regarding sponsorship of children in institutions, the dangers of ICA corruption, orphanage tourism, etc.
- 7 Faith-based advocacy will be an important part of any such education and advocacy efforts.

## Introduction

Many millions of children around the world live in residential facilities where they lack individual care and a suitable environment in which to fulfil their full potential. Increased awareness of the considerable risks these children face in terms of negative social, cognitive and physical development has prompted ongoing international debate and guidance on de-institutionalisation, and development of policy and practice that gradually eliminates the use of such harmful alternative care practices.

Investing for children's best interests is a priority for the European Union (EU) and protecting and promoting child rights is at the heart of EU external action. The EU considers that de-institutionalisation of children through prevention of family separation and encouragement of suitable family-type alternative care solutions is a case of social investment for the best interests of the child. It has therefore invested in de-institutionalization in specific geographical areas.

On the basis of its commitment to the comprehensive promotion and protection of the rights of the child, the European Commission intends to increase its knowledge of progress in deinstitutionalisation and alternative child care reforms in countries across the world, and on how current challenges might be addressed.

For these reasons, the European Commission's Directorate-General for International Cooperation and Development (DG DEVCO) commissioned SOS Children's Villages International to undertake case studies of arrangements for 'alternative child care' in six non-European countries in three continents, to help inform the EU's future strategy for provision of support for children in countries outside Europe.

The countries selected for study were: Chile and Ecuador in South America; Nepal and Indonesia in Asia; Nigeria and Uganda in Africa. SOS Children's Villages International engaged the services of researchers from CELCIS, based at the University of Strathclyde, Glasgow, to undertake much of the research and compile most of the case studies.

This report, a case study of Uganda, was compiled by a combination of a desk exercise - which involved reviewing documents sourced by a literature search and documents received from contacts in Uganda – and conducting interviews with key informants during a field visit which took place in July 2016. One interview was conducted by phone with an informant in the UK prior to the field visit.

This report attempts to provide an overview of the alternative care system in Uganda, and in particular to consider the issues around the growth in numbers of residential care facilities, and the process of reform and deinstitutionalisation.

*Child Care Institutions (CCIs) or orphanages or children's homes or residential care facilities? – a terminological challenge!*

The residential care facilities which are a central concern of this report are often referred to as orphanages in public and professional discourse, even though this is a misnomer as only a small proportion of the children are orphans. Some reports and informants refer to all residential facilities generically as institutions. However, it must be recognised that the term 'Institutions' refers to larger-scale residential care and that it usually carries a pejorative connotation. As we will readily see, this pejorative description is sometimes valid, but it is also important to consider the effect of this label on children and young people who have lived in residential settings, and we need to be respectful of their experience which is by no means always negative. Therefore, the 'default' term in this report will follow the UN Guidelines for Alternative Care of Children and use 'residential care' or 'residential care facilities' as the default term, depending on context. The terms 'children's homes', 'orphanage', 'Institution', or 'CCI' will usually be employed when that is the term being used by an informant or in a report which is being referenced.

The *Guidelines for Alternative Care of Children* make a clear distinction between 'institutional care', which is characterised in part by its being large-scale but also by poor staff ratios, and impersonal care and other concerns. The Guidelines call for an end to use of institutional care, but affirms the role of other forms of residential care, including small group residential homes (children's homes) – which are found in alternative care systems in every part of the world. The Guidelines also make it clear that the focus of deinstitutionalisation efforts must be to de-institutionalise *the system*, not (just) *the building*. Given that many of these institutions, however unsatisfactory, may be catering for children who have been separated from parents and will likely have experienced multiple challenges before and during their placement, then simply returning them to parental homes without careful preparation and support will not be a truly child-centred or family-supporting response.

## **The alternative care system in Uganda**

In Uganda, there is very little data collected either nationally or locally about the number of children in alternative care or their circumstances. There is not even a complete record of the numerous residential facilities which have been reported to exist, many of which do not fulfil their legal duties by seeking government registration. However, considerable progress has recently been made in this area with the development of a 'Database of CCIs'.

In order to get an overview of any alternative care system, it is necessary to find out about the children who are in the homes, where they come from and what the kinds of risks or threats are that have made them vulnerable to separation from parents. It is also important to look at what steps are taken to keep them connected to their birth family or kin, where they go once they leave care and what their life chances or 'outcomes' are. Concerns about the operation of alternative care systems across the world were behind the development of the UN Guidelines for Alternative Care of Children, which provide the

value base and orientation for the evaluations in this report. Therefore, the scope of the report is considerable yet the available data is limited.

There have, however, been a few detailed reports which look into the operation of residential facilities in selected districts, and these do provide a great deal of valuable information. Key informants were also able to provide information about the formal fostering services which are gradually emerging. The information from the reports on residential care facilities combined with the information from key informants provides the basis for this report. While the focus is on alternative care, it is important to start the report by making mention, albeit brief, of the wider economic, social and cultural context in which the alternative care system operates.



## Aim and Scope of the study

The aim of this study is to gain an understanding of the alternative child care system in Uganda. Specific aspects that were examined include:

- Understanding the growth in numbers of institutions.
- The progress of child care ‘reform’ efforts and deinstitutionalisation.
- Why are children placed in alternative care?
- What types of alternative care are available?
- What are the structures and processes governing alternative care, including the legal and policy framework, funding, government and non-governmental structures, and services for child protection/child care delivery?
- What is working and what is not working in terms of child care reforms?
- What are the main challenges and opportunities?

## Methodology

This report has been produced on the basis of a literature review and interviews with key informants. The documents studied are listed in Appendix 2. Interviews were conducted with personnel from the Ministry of Gender, Labour and Social Development, child protection staff from international and local NGOS, and heads of children’s service agencies and child protection advocates. Visits were made to one children’s village and a small, short-term children’s home. Focus groups were also held with children in two homes, and there was a focus group discussion with three foster parents. The full list of interviewees is given in Appendix 1. The field work was undertaken from 11<sup>th</sup> – 20<sup>th</sup> July 2016, in Kampala and Entebbe. The research was facilitated by the National Office of SOS Children’s Villages, Uganda.

## Interviews with key informants

Interviews were conducted using a standard ‘research interview guide’, which was prepared for all six case studies. The guide was varied appropriately to suit the role and responsibilities of particular interviewees, or the time available.

Access to informants was negotiated in advance by the relevant SOS Children’s Villages Uganda office. The contact was by email or in person, along with an information handout – ‘Alternative Child Care in Uganda: Information for Interviewees’. Consent forms were completed. Interviewees could elect to be interviewed ‘on the record’, i.e. indicating they were happy to be quoted in the report, or ‘off the record.’ We also asked for permission to record the interview. Most interviewees elected to be ‘on the record’ and to be recorded. Where interviewees declined to be recorded, we made hand-written notes.

A standard ‘wish list’ was prepared for the key informant interviews in all countries, as below.



- A representative of the European Commission office;
- Representatives of relevant government departments – particularly Ministry/Department of social services/child protection or equivalent;
- Representatives of national NGOs/charities working with child care/organisations running institutions;
- Representatives of international agencies, e.g. UNICEF and Save the Children;
- Representatives of regional agencies, if present in the country;
- Social workers or equivalent;
- Other child care workers, e.g. staff and/or managers in institutions/foster care services;
- Foster/kinship carers;
- Care leavers.

We were able to conduct interviews in most of these categories. Interviews arranged at the Ministry of Gender, Labour and Social Development did not go ahead because the officials had other duties on the days. The most senior civil servant with responsibility for alternative care – the Commissioner for Youth and Child Affairs did agree to a short ad hoc meeting, which was very useful. Planned interviews with some NGOs were not possible due to unavailability and it did not prove possible to gain access to as many residential facilities as was anticipated. It was not possible to access any groups of care leavers, but an interview was conducted with one adult care leaver, who is active in alternative care and who is playing a key role in facilitating the development of a Uganda Care Leavers Association.

## **Interviews with children and young people**

Interviews with children and young people were conducted as group activities. One of the groups consisted of 10-year olds (Kids of Africa group), which was at the youngest end of the age spectrum we had requested; neither the boys' nor the girls' group were able to engage fully with all the questions, but nevertheless provided some useful information. A standard set of questions was used, and in each session we included a confidential activity in which children/young people were invited to write on coloured 'post-it' sheets things they were happy about (yellow post-its) and things they were sad or unhappy about (pink post-its).

## A brief note on the socio-economic and cultural contexts

The Republic of Uganda is a large land-locked country in East Central Africa, with multiple tribal and language groups, and strong regional identities. It is rich in natural resources and was run as a Protectorate within the British Empire from 1894 until independence was won in 1962. Its history since has been marked by long periods of ethnic conflict, and government has alternated between dictatorship, army rule and dominant party government. Since 1986 it has been ruled by President Yoweri Museveni, and the form of government is described as a presidential republic. In the north of the country, there has been a long-running rebellion against the Government led by Joseph Kony and the Lords Day Resistance Army. This conflict has been gradually reducing and rebel soldiers are slowly being re-integrated, however the conflict has resulted in numerous deaths, abductions of children, human rights abuses on all sides and the displacement of huge numbers of people. This has inevitably hindered the development of trust in government, especially in the north of the country, and the creation of the necessary conditions for the rule of law and for peaceful civil society norms to develop.

The country has a partially free press with some restrictions on journalists being reported<sup>7</sup> and there is only one daily national paper – the *New Vision*. One of the topics which is frequently reported in the press is that of corruption in public and business life. Corruption is a major challenge in many of the poorest countries, especially those like Uganda which have also had many years of civil conflict. The Ugandan Government has taken numerous steps to tackle corruption, establishing Audit Commissions and empowering the Courts. The issue of corruption has also influenced the actions of some overseas aid agencies. The UK Department for International development (DfID) no longer funds programmes through government channels as they might previously have done and, 'In 2013, DFID indefinitely suspended budget support in light of corruption and broader fiduciary concerns, and reprogrammed funds through other channels.'<sup>8</sup>

Uganda is a very poor country, ranked at 163 out of 188 in the global Human Development Index<sup>9</sup>, and most of its neighbours are of similar development and economic status. It is bordered by Democratic Republic of Congo, Rwanda, Tanzania, Kenya and South Sudan. It has a fast-growing population, 40m by the most recent estimate and over 50% of the population are children under 15 years. Uganda does have abundant natural resources and it has seen steady economic growth over the past 20 years. There has been significant progress towards a number of Millennium Development Goals (MDGs), and a decline in the proportion of people living below the national poverty line from 31% to 20% between 2006 and 2013. The President has issued a call to his

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<sup>7</sup> Freedom House. (2015). *Uganda report on press freedom*. Retrieved 9 September, 2016

<sup>8</sup> Department for International Development (UK). (2014). Uganda Operational plan update. Available at <https://www.gov.uk/government/publications/dfid-uganda-operational-plan-2014>

<sup>9</sup> UNDP. (2015). List of countries by Human Development Index.

Government and people to continue to develop economically, and has set out the goal of achieving 'middle-income' status by 2040. This is undoubtedly an ambitious goal and will require sustained economic growth. Currently the only countries in Sub-Saharan Africa which are in that 'middle-income' group are Botswana, South Africa, Namibia, Republic of the Congo, Equatorial Guinea, Zambia and Ghana<sup>10</sup>.

## **NOP and NSPPI**

In recognition of the effects of poverty, disease and war on millions of children, Uganda developed its first National OVC Policy (NOP) in 2004, enhanced by its National Strategic Programme Plan of Interventions for OVCs (NSPPI-1), which initially ran from 2005 – 2010. This strategy involved a wide range of 'core programme areas', including targeted cash transfers, food distribution, economic empowerment of families, access to health and education, psycho-social support and others. These were delivered through a myriad of interventions carried out by local and national NGOs and CSOs.

The NSPPI was renewed, covering the period 2010/11-2015/16. The NSPPI-2 report reviewed progress since 2004, noting that 'the national OVC response remains uncoordinated, incomprehensive, unsustainable and inappropriate in some instances'<sup>11</sup>, and spelled out some of the main problems in the implementation of the previous strategy.

...the OVC Situational Analysis 2010 revealed only 11 percent of 8.1 million children in dire need had been reached with external support services. The greatest support was mainly in education (70%) and health (57%), while socio-economic and food and nutrition interventions were poorly managed. Critical services such as care and support as well as legal and child protection services were largely ignored.<sup>12</sup>

The current programme is aimed at huge numbers of vulnerable children:

The plan targets 51 percent of the children considered critically and/or moderately vulnerable. Drawing from the findings of the Situational Analysis 2010 and stakeholder consultations, this plan is organized along 7 strategic intervention areas, which have key implications for addressing vulnerability among children in Uganda in a sustainable manner. These are the priority areas for both central and local governments as well as non-state actors. They

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10 UNDP. (2015). *List of countries by Human Development Index*.

11 Ministry of Gender, Labour and Social development. (2011). *National Strategic Programme Plan of Interventions for Orphans and other Vulnerable Children 2011/12—2015/16*, Page.1

12 Ibid.

include; economic strengthening, promotion of food and nutrition security, provision of health, education, psychosocial support and basic care as well as legal and child protection services.<sup>13</sup>

## Education

Uganda established free universal primary education (UPE) in 1997, and nearly all children start school, however dropout rates are high and there are questions about the quality of some of the UPE schools<sup>14</sup>. School – primary and secondary – is also a site for a considerable volume of the reported abuse at the hands of teachers – sexual, physical and emotional<sup>15</sup>.

Despite the fact that UPE is free, many informants noted that in fact there were additional costs associated with sending a child to one of these fee-free UPE schools. These include a termly 'development' fee which schools are allowed to charge – an additional charge to cover some school activities and trips, school notebooks (jotters), the costs of the uniform and the provision of lunch. Each of these items is relatively low cost, but most informants believed that they are a real and significant barrier to poor families welcoming another child into the household.

## Health

There are many major health challenges, notably HIV infection risks, which have resulted in many Ugandan children losing one or both parents, and many children being infected themselves either through maternal transmission (now almost eliminated), rape or unprotected sexual activity. Uganda was recognised as one of the earliest African success stories in the struggle to tackle HIV and AIDs in the early years of its spread, however in recent years, while overall prevalence has continued to decline, new infection rates have been increasing. With more adults living longer as a result of the widespread availability of effective treatments, fewer children are orphaned. AIDS, however, is now reported to be the leading cause of adolescent mortality<sup>16</sup>.

In 2016, the Government published a *National Action Plan on Children's Well-being*<sup>17</sup>, which is significant for children's rights generally, in that it acknowledges the need to do better for children and that progress toward middle-income status must include investment in child development, health, education and protection. The report makes major commitments in the area of alternative care with commitments to promoting prevention, setting up Alternative Care Panels in all Districts to monitor placements, collecting data on all children in institutional care and conducting annual assessment of

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<sup>13</sup> Ministry of Gender, Labour and Social development. (2011). National Strategic Programme Plan of Interventions for Orphans and other Vulnerable Children 2011/12—2015/16, Page.xii

<sup>14</sup> UNICEF. (2013). *UNICEF information by country Uganda*. UNICEF.

<sup>15</sup> UNICEF Uganda. (2013). *Assessing Child Protection, Safety and Security Issues For Children in Ugandan Primary and Secondary Schools*. UNICEF.

<sup>16</sup> UNICEF. (2015). *Orphans – definition and explanation*. 2015 Update. UNICEF.

<sup>17</sup> Government of Uganda. (2016). *National Action Plan for Child Well-being 2016 -2021*.

institutions (and closing the sub-standard ones). The Plan also calls for improved children's participation.

Over the past 20 years, Uganda has introduced policies, reforms, and sector specific strategies and initiatives intended to facilitate the transition from poverty and vulnerability to prosperity and security. These reforms led to significant achievements in poverty reduction under the Millennium Development Goals, but only limited gains in reducing child mortality, improving access to HIV treatment and preventing malaria. Malnutrition and stunting; children's literacy and advancement to secondary school; and protection of children against abuse, exploitation and violence are areas that still need careful attention.<sup>18</sup>

## **Local government structure**

Administratively, the country is divided into Districts, Counties (and sub-Counties) and parishes. There are currently 112 Districts, which have become the focus for the development of local government and de-centralisation of powers. Child protection is one such area, and the responsibility for overseeing child care and child protection services lies in the hands of the District Probation and Social Welfare Officer(s) (PSWO). In many Districts, there is a single such PSWO who may be responsible for very large populations. They are assisted in their duties by Community Development Officers (CDOs) who are found at District and County or sub-County level. Their role in relation to alternative care will be discussed below.

## **Religion and faith**

Religion and the practice of faith is a very significant feature of Ugandan life, and a key factor driving the development of services for poor families and vulnerable children. At the population level Uganda is described as 85% Christian and 12% Muslim. 'Traditional religious and customary practices' and the work of 'traditional healers' also remain a feature in the culture of the country. Church attendance is high and there is a good deal of respect accorded to local and national religious leaders, such as pastors, priests and ministers. Issues and controversies relating to church life or the activities of popular priests regularly feature in newspapers. The expression of faith in daily life and work is taken for granted, in contrast to western societies where faith perspectives have been largely excluded from professional practice and policy discourses, and the expression of faith by individuals pushed into the private sphere.

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<sup>18</sup> Government of Uganda. (2016). *National Action Plan for Child Well-being 2016 -2021*. Page 2

It is perhaps worth remembering, in this context, that many of the large, 'western'-origin international NGOs operating in welfare and development fields are indeed faith-based, including World Vision, Caritas and Christian Aid, to name but a few. These organisations tend to have adopted standard 'secular'/professional approaches to their service delivery and may use explicitly faith-based communications only when addressing their supporters in their countries of origin. There is growing recognition of the importance of UNICEF and faith-based international NGOs engaging with each other and working collaboratively<sup>19</sup>. There are also a number of Christian agencies seeking to engage with their constituencies around support for family-based care rather than 'orphanages'<sup>20</sup>. This faith context is important because, as this report will illustrate, indigenous FBOs are playing a major role in child care services across the country, and much of this work is externally funded through overseas – and in particular US-based – churches, individuals and faith-based NGOs.

### **FBOs providing residential care facilities**

In Uganda, many of the services for children were started by churches or missionary-era organisations. These go back to the intertwined British colonial and missionary eras. However, since independence, some of these organisations or institutions continued to operate and are now joined by a plethora of indigenous, faith-based residential facilities, run by Pentecostal pastors or churches. Many of these have not sought government registration and do not operate according to the Approved Home Regulations, and it was reported by one PSWO informant that some of the founders of these homes may not even be aware that there are Ministry and District officials responsible for regulating this activity. Many of the Pentecostal homes mobilise funding in the form of 'child sponsorship' from overseas individuals and churches, a process much facilitated by the growth of internet-based communication, email and social media.

Much less is known about the growth of residential provision in mosque-based schools (Madrassas), but informants reported that in some districts there has been a significant growth in these types of institutions as well, and that they are usually funded by local Asian businessmen. These are also typically unregistered and unmonitored, their whereabouts often only vaguely known, even to concerned PSWOs.

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<sup>19</sup> Christian Aid. (2006). *A matter of belonging: How faith-based organisations can strengthen families and communities to support orphans and vulnerable children*. London. <http://www.crin.org/en/docs/A%20Matter%20of%20Belonging.pdf>. UNICEF. (2012). *Partnering with religious communities for children*. New York: UNICEF.

<sup>20</sup> ACCI. (2016). *Changing Mindsets and Practice: Engaging faith-based actors in deinstitutionalisation and child welfare systems reforms*. ACCI Missions & Relief: Victoria, Australia; Faith to Action Initiative. (2015). *Children, Orphanages, and Families: A summary of research to help guide faith-based action*.





## Why children are placed in alternative care?

In surveying the alternative care scene in Uganda there are a number of major concerns that are drawing the attention of government, UNICEF and local and international child's rights NGOS, local service providers and advocates. There have also been a number of evaluations and reports specifically addressing issues around the use and quality of residential care, reform efforts and deinstitutionalisation projects which are providing much detailed information about these issues. These issues emerged repeatedly in the interviews with informants for this study, and they are described below:

1. the **weakening of traditional kinship care bonds**, especially among very poor families, and debates/divergences of opinion about the cause of that decline in kinship care
2. **the impact of school-related costs**, especially on very poor families, and the desire for access to education, as a driver of institutionalisation
3. the **huge growth in number of residential care facilities**, and the poor quality of care provided, including the misuse of CCIs as a commercial enterprise with children being 'recruited' children from poor families with promises of better access to food and education, without any reference to legal duties and policies
4. **major government-led reform efforts**, including the development of a national Alternative Care Framework, and related deinstitutionalisation projects (Strong Beginnings, ACCOSS and DOVCU) to tackle these and other challenges
5. the **growth in cases of ICA using legal loopholes** to frustrate the intent of protective legislation, and recent legislation to close off these loopholes

Each of these key topics will be examined in the following sections of the report. While there is a lack of national data about the children in alternative care settings, there have been three recent reports which have examined the operation residential facilities in certain districts<sup>21</sup>. From these, plus information from interviews, it is possible to say something about the kinds of children typically found in alternative care or at risk of separation.

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<sup>21</sup> Riley, M. (2012). *Baseline Study: The state of Institutional Care in Uganda*. Kampala: Ministry of Gender, Labour and Social development. Retrieved 30 August, 2016 from <http://www.alternative-care-uganda.org/resources.html>; Mann, G. (2015). *An Investigation of the circumstances of children living in residential care in Uganda, with a focus on those who are HIV+*. Ministry of Gender, Labour and Social development, *UNICEF Uganda and UNICEF New York*; Walakira, E., Dumba-Nyanzi, I. & Bukenya, B. (2015). *Child care institutions in selected districts in Uganda and the situation of children in care: A baseline survey report for the Strong Beginnings project*. Kampala: Terre des hommes, Netherlands.



## Orphans – a western construct?

But if you actually look at it in real sense, Africa should not have orphanages because an orphan was the responsibility of the community. If there was no uncle, no father, there was no grandmother, there would be a best friend who would take up that responsibility. Without even being asked they didn't even need to go to the court to get a court order it was just automatic and it worked.

During the fieldwork, discussions about the traditions of kinship care – and the pressures on kin care capacity as a result of poverty, disease and war – often led into wider questions about the true meaning of the word 'orphans', and whether it really was a helpful designation in a Ugandan context. According to one informant 'we don't have orphans in Africa' – on the surface an extraordinary remark. But this informant, quoted above, was quite prepared to argue that such was the strength of the extended family network and the sense of community responsibility to children, that really no orphaned child in Africa was left in that condition for any length of time. Other informants confirmed that this indeed was the norm and tradition. One other informant explained that in the Luganda language, if I had lost my father and he was my uncle (for example), and if I was taken in by him, then I would not refer to him as my 'uncle' – 'I would be your father'. There was a real degree of unanimity and cultural pride about this, even in the face of the widespread and deep poverty which was putting pressure on the tradition. Not all informants suggested that it was a 'western idea', but there was agreement that its widespread use was new and problematic. There was considerable agreement that 'alternative care' outside the family/kin group was only needed in a very small number of cases.

## Christian duty towards orphans

This debate flowed into another very problematic use of the term, arising in connection with (overseas) child sponsorship of 'orphans' in institutions. Christian faith plays a significant role here. In Uganda, some Christians make use of this teaching in promotional material, as a justification for their individual enterprises – perhaps alongside photos of children, presenting them as 'orphans' – when soliciting funds from overseas Christians. The irony being that, while UNICEF would not support sponsoring children in institutions, describing these children as 'orphans' is consistent with the UNICEF definition of an orphan as a child who has lost one parent<sup>22</sup>. In reality, the children in residential facilities often had one parent alive, and certainly had kin, who if traced could potentially care for them. Some children presented for sponsorship may have genuinely lost all contact with parents/kin – through abandonment as a baby, or

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<sup>22</sup> UNICEF. (2015). *Orphans – definition and explanation*. 2015 Update. UNICEF.

through running away or living on the street – but many of them actually have a parent and/or step-parents who may have handed them over to the ‘care’ of the ‘orphanage’. This is often done in the hope of getting access to education – which is certainly not an acceptable reason for separation from parents, according to the Ugandan Alternative Care Framework or the Approved Home Regulations.

One informant noted that in one of the largest church-run residential facilities some of the children go home at Christmas – reinforcing his view that this institution, like many others, was primarily a boarding school, and that it was attractive to a wide range of families (not just the very poor) because of the good quality education it offered. Of course, if children are in a boarding school or residential care facility for another reason then it is a good thing if they return regularly for family visits. The problem being that it is supported by overseas funders and its promotional material emphasises that residents are ‘orphans and vulnerable children’.

## Issues associated with admission to alternative care

In this section, we look at what recent studies say about the reasons children are admitted to some of these residential facilities. These reports also reveal much about the weaknesses of the system and the significance of poverty putting stress on families and driving admissions to care. They also point beyond poverty alone and suggest that, despite their inadequacies, these facilities may be acting (at least in part) in a child protection role, even if the ‘protection’ work is limited to a simple, unreflective and unprofessional ‘rescue’ role, which does not prioritise family or community reintegration, and does not recognise the dangers of long-term segregated care and lack of connection to surrounding culture and community norms.

In case there is any question about government policy, the Minister of Gender, Labour and Social development has made a clear statement. ‘Poverty and the consequent inability of parents to adequately care for their children should be seen as a call for economic strengthening of families, not as an opportunity to draw children into institutional care or to put them up for inter-country adoption.

<sup>23</sup>The reports all note the significance of material poverty and strain on families and communities, but it is striking to note that it is a **combination of factors beyond poverty** that is reported to be leading to children being placed in institutions in each of the reports named above. The *Strong Beginnings* study by Walakira and colleagues (2015) covered 29 baby and children’s homes which contained 1,282 children. They

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<sup>23</sup> Source: (ALTERNATIVE CARE Uganda campaign website, <http://www.alternative-care-uganda.org/resources.html> )

discovered children in them across the entire age span 0-18 and included 7% who were over 18. The study reported that 45% of the children were placed aged 0-3 and that many live their entire childhood in the institutions. These authors do emphasise 'material poverty' as the prime reason for admission to the CCI's and note the 'pull factors' of the CCI's as the means of meeting basic needs such as food and education.<sup>24</sup> However, they also note that:

the reason given for the institutionalisation of children is often not a single issue but a combination of factors, including material poverty, death of caregiver(s), unwanted pregnancy, single parenthood, and the health condition of children or parents.<sup>25</sup>

Gillian Mann and colleagues interviewed children, staff and community members from nine homes across five Districts in a study of 'The circumstances of children living in residential care in Uganda, with a focus on those who are HIV+'<sup>26</sup>. The study included some homes which had been specifically set up to care for children who were HIV+, and others which were not set up for this specific target group but included some children who were HIV+. This report confirmed the wider picture that *'very few children in residential care are double or even single orphans; many have ongoing contact with their parents, guardians and other family members'*<sup>27</sup>. This report acknowledges the significance of poverty but emphasises the interplay of a range of causal factors.

The reasons children end up in residential care are complex, multi-factorial and cumulative; they are related not only to the extremely challenging economic circumstances in which many Ugandans live but also the social, cultural and political impacts of living in poverty.<sup>28</sup>

The Mann report then goes on to summarise a wide range of family problems and child protection risks, and challenges the view of the Walakira report that poverty and orphanhood are the primary drivers:

Poverty and orphanhood augment the vulnerability of a child to institutionalization but they do not wholly explain the phenomenon. A number of other co-occurring and compounding factors are at

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<sup>24</sup> Walakira, E., Dumba-Nyanzi, I. & Bukenya, B. (2015). Child care institutions in selected districts in Uganda and the situation of children in care: A baseline survey report for the Strong Beginnings project. Kampala: Terre des hommes, Netherlands. Page 13.

<sup>25</sup> Ibid.

<sup>26</sup> Mann, G. (2015). *An Investigation of the circumstances of children living in residential care in Uganda, with a focus on those who are HIV+*. Ministry of GL&SD, UNICEF Uganda and UNICEF New York.

<sup>27</sup> Mann, G. (2015). *An Investigation of the circumstances of children living in residential care in Uganda, with a focus on those who are HIV+*. Page.4

<sup>28</sup> Mann, G. (2015). *An Investigation of the circumstances of children living in residential care in Uganda, with a focus on those who are HIV+*. Ministry of GL&SD, UNICEF Uganda and UNICEF New York. Page 3

play, including domestic violence and abuse; difficult relationships within the household; living with adolescent parents and caregivers; parental illness or disability; difficult, sick or 'hard to manage' children; gendered concepts of the value and roles of boys and girls; migration and displacement; fear and ignorance about the care requirements and lifespans of children with special needs, including those living with HIV; and the perception that being in an institution is better than most other options, including living on the street or being a domestic worker.<sup>29</sup>

Of course, to note these dangers does not mean that all these admissions to residential facilities are justified. What they indicate is that family support measures – including poverty alleviation – are required, and efforts made (by health, education and social work professionals) to protect children and prevent separation from family wherever possible, by addressing the issues of gender-based violence, or health challenges or stigma with families and communities.

### Children with disabilities

Children with disabilities (CWD) do not seem to be highly represented among the children in institutions. The circumstances of CWD was not an issue that was frequently raised by informants from this study among their major concerns about the operation of the system. One informant simply noted that 'many children with disabilities were not taken into care'. The *Strong Beginnings* (SB) Baseline report provides some data, and suggests that about 4% of the children in the 28 institutions whose records were examined had at least one form of physical or mental disability<sup>30</sup>. The authors of that survey emphasise that these figures are based on interviews with staff and written records in the CCI, rather than any form of health check or assessment carried out for the study. Among the 1,282 children in the SB institutions they also found 25 children with HIV/AIDS. As already noted in the section on the categorisation of residential care facilities, there are a small number set up specifically to cater for children with disabilities or HIV. The SB report noted that some of their homes did have some facilities and staff trained to provide the children with the necessary services, however the report concludes that, in general:

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<sup>29</sup> Mann, G. (2015). *An Investigation of the circumstances of children living in residential care in Uganda, with a focus on those who are HIV+*. Ministry of GL&SD, UNICEF Uganda and UNICEF New York. Page 24.

<sup>30</sup> Walakira, E., Dumba-Nyanzi, I. & Bukenya, B. (2015). *Child care institutions in selected districts in Uganda and the situation of children in care: A baseline survey report for the Strong Beginnings project*. Kampala: Terre des hommes, Netherlands.

The child care institutions in which these children lived were ill-equipped to provide specialised care, which makes the transition to family life or independent living extremely challenging.<sup>31</sup>

One informant confirmed the few CWD found in residential care facilities and also reported that in fact many institutions do not want to take children with disabilities. They told us:

‘I know probation officers who have struggled to place disabled children. If they have a child they need to remove for care and protection, they can ring round 100 institutions and the institutions say they are not the demographic of kids we take, so the poor probation officers often have nowhere to place the child. And if they do place the child they sometimes do it with a heavy heart because that child may never come out because there is no motivation from the institution to get the children out.’

## **Child protection risks facing children across Uganda**

The most commonly cited harmful tradition practices cited during FGDs with children and community members were early and forced marriage, child sacrifice/mutilation, and discrimination against the girl-child.<sup>32</sup>

Uganda was an early signatory of the UNCRC in 1990, and has also signed the African Charter on the Rights and Welfare of the Child (ACRWC). A recent comprehensive ‘situation analysis’ on children conducted by UNICEF identifies progress, but also many significant threats to children across Uganda. It notes that over half of the children in the country are considered vulnerable and that there are high levels of physical sexual, emotional or domestic violence faced by children. There is a very high prevalence of child marriage, despite it being illegal, with 10% of girls being married by age 15, and 40% by age 18<sup>33</sup>.

After the age of 10 years, adolescent boys and girls face specific protection risks, especially those whose families are poor and who send their children to work instead of attending school or who marry off their daughters as part of their survival mechanisms. Girls also face challenges with regard to social norms that dictate

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<sup>31</sup> Ibid. Page 18.

<sup>32</sup> Walakira, E., Ochen, E., Bukuluki, P. & Allan, S. (2014). Residential care for abandoned children and their integration into a family-based care setting in Uganda: lessons for policy and programming, *Infant Mental Health Journal*, 35(4), Page 141.

<sup>33</sup> Ministry of Gender, Labour and Social development & UNICEF. (2015). *2015 Situation analysis of Children in Uganda*. Ministry of Gender, Labour and Social development & UNICEF

female genital mutilation/cutting (FGM/C), early marriage and teenage pregnancy. Living in poverty also places vulnerable children further at risk because of high rates of child labour and child trafficking. Child-related offences (as victims and as offenders) are prevalent in Uganda, with defilement being a serious concern.<sup>34</sup>

The Karamoja region in the North-east of Uganda is a particularly impoverished area. One consequence is that children and indeed whole families from this region often abandon their homes, travel to the capital and survive by begging on the street. Street children may be removed to government-run residential centres or engaged with by NGOs, which may lead in turn to longer-term institutional care if the NGOs are not oriented towards family reunification and support.

In the next section we address two of the very specific serious threats to children raised by key informants. One of which – child marriage – is a widely accepted practice, and the other - ‘child mutilation or sacrifice’ - is certainly not accepted and in fact a cause of rising fear. They are both situations that may lead children to run away from home to seek sanctuary on the street or in residential homes of one kind or another. As one informant reported:

‘But when we talk about child marriage there is this girl. I met her in a government institution. She was there with her young sister because they [the family] were trying to marry the elder one so the elder one thought if I leave my sister she will be the next one. So they woke up and went.’

### **Child marriage**

One in every four girls aged 15–19 years has been married, despite the minimum legal age for a woman to get married being 18 years.<sup>35</sup>

One of the major dangers facing young girls is the practice of ‘child marriage’. The law is clear that all under 18s are children and that marriage of a child is prohibited. A consultation with community members illustrates the recognised low status of girl children. As Walakira et al. reported:

FDG participants also observed that many girls marry early due to unintended pregnancy. Whether as a result of adolescent sexual

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<sup>34</sup> Ibid. Page 67.

<sup>35</sup> Ministry of Gender, Labour and Social development & UNICEF. (2015). *2015 Situation analysis of Children in Uganda*. Ministry of Gender, Labour and Social development & UNICEF. Page 177

exploration or sexual abuse, pregnancy is seen to reduce girls' options. Girls who become pregnant while still in school have to withdraw. Without education or skills to earn a reasonable livelihood, they and their parents frequently see marriage as their only choice, especially because pregnancy outside of marriage is stigmatized. It was therefore reportedly common for parents to force girls who become pregnant (including those raped) to marry the father of the child.<sup>36</sup>

The new Children (Amendment) Act 2016 includes a section (amending section 7 of the principal Act) titled, 'Harmful customary or cultural practices'. Such legislation clearly refutes the claim that practices such as child marriage are acceptable because they are traditional. The definition of 'harmful customary or cultural practices' is drawn widely as, '*any activity that is mentally, physically, socially or morally harmful to a child*' and includes any activity that '*interferes with a child's education and social development*'. Nevertheless, as the shocking statistics above indicate, it is a common phenomenon, and it was acknowledged as such by informants for this report. Changing a culture which readily sanctions child marriage is clearly a major challenge that cannot be left to child protection agencies alone, not least because the practice is driven by the pervasiveness of severe poverty. As one informant commented:

'Child marriage is illegal but it is a wide spread practice. It is deeply entrenched in the community culture. Uganda society is highly patriarchal and this is some of the bad traditional harmful practices... there is a lot of campaigning to eliminate it but to ensure this is done, we need to look at the past culture and what is still encouraging the practice. One of which is poverty... and the dowry... So if you are to leave the marriage then your family has to pay back the dowry so it somehow enslaves, ties the girl down. So there is even a campaign to outlaw dowry...'

### **Child sacrifice**

One of the most disturbing threats to some children and young people is the threat of 'child mutilation' or 'child sacrifice', as it is commonly referred to in Uganda. Reading about this subject is likely to be very disturbing for those who are not aware of this practice. It was certainly difficult for the author of this report to hear about it first hand and to research it for this report.

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<sup>36</sup> Walakira, Ismail, D.N. & Byamugisha, J. (2013). *Baseline survey on community child protection systems in Uganda*. Kampala: ANPPCAN & Department of Social Work and Social Work Administration Uganda



This shocking and disturbing practice has been publicly discussed in Uganda in recent years, and the Government has launched a National Action plan to end child sacrifice<sup>37</sup>. The only known report which examined the phenomena closely, was carried out by the NGO HumaneAfrica in partnership with Kyampisi Child Care Ministries and the University of Makerere<sup>38</sup>. The author uses the word 'mutilation' rather than 'sacrifice' as the most accurate term to describe these practices. The mutilation does often lead to death but in some cases children may escape with their lives. It is a process of forcibly removing 'body parts, blood and tissue' while the child is alive and 'these body parts are either worn, buried or consumed by an individual in the belief they will assist in a number of issues including overcoming illness, obtaining wealth, obtaining blessing from ancestors, protection, initiation, assisting with conception and dictating the gender of a child'<sup>39</sup>. This research team based its findings on interviews with community members in 25 communities within nine districts. Fellows rejects the idea that it is either old or a specifically religious ritual, rather that it is practiced by some traditional healers, and that,

There is a general feeling from community members that this term has evolved from the sacrifice of animals and during the past five to seven years, it has become more and more common to use human body parts, blood and tissue instead of animal parts in traditional medicine.<sup>40</sup>

The issue has received media coverage in recent years, including a widely reported court case and a television documentary. The Government Action Plan is attempting to publicise it as a crime, which should be reported to the national children's helpline. The number of children affected is not known. The *Humane Africa* report, the Ministry Action Plan and *World Vision*, who have also taken action in this area, suggest that prevalence may be increasing. Informants for this report confirmed the reality of 'child sacrifice':

'Yes child sacrifice it happens. Actually for me this case was so emotional. I handled it. It is there but you need also to understand because for us it is really a major thing and it is really happening. We have treated children like the boy, and his penis was cut off ... In institutions you meet children, you come across children who don't want to go back home because they fear. They run away because they were starting to sacrifice them or they escaped the sacrifice ...'

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<sup>37</sup> Ministry of GLSD. (2015). *Uganda National Action Plan to end child sacrifice*.

<sup>38</sup> Fellows, S. (2013). *Child sacrifice and the mutilation of children in Uganda*. HumaneAfrica.

<sup>39</sup> Fellows, S. (2013). *Child sacrifice and the mutilation of children in Uganda*. HumaneAfrica. Page 8.

<sup>40</sup> *ibid*.



# What types of alternative care are available?

## Kinship care

Even allowing for the explosion of residential care, it is widely recognised that the number of children in kinship care far surpasses any other option for orphans, or children who for one reason or another have lost the care of their parents.

In Africa, the extended family is the traditional social security system where the members are responsible for the protection of the vulnerable, care of the poor and sick and the transmission of traditional social values and education (Foster et al., 1997). It is widely accepted that most orphans would be cared for in extended families (UNICEF, 2003) and the current empirical evidence emanating from various African countries is clear / by far the majority of orphaned children are indeed living in or with extended families.<sup>41</sup>

One informant suggested that nearly every family in Uganda would likely be caring for a child or youth from the extended family. In informal discussions with key informants and researchers, several offered the information that their own family was directly providing such kin care, or perhaps paying school fees for a child who was actually living with another family member. The Government does not collect data about the numbers of children being cared for in this way, but all the evidence points to it being a very large number. This high prevalence of kinship care was often given as a 'proof' or reason why most of the children in institutional care did not need to be there.

However, despite these affirmations – and somewhat in contrast – there are also reports that traditional kinship care bonds are weakening or breaking down, and this is leaving some children in child-headed households or to them being placed in institutions. The Mann study noted the perception among many community members that norms were changing. Drawing on the conversations and FGDs carried out across the country, Mann uses the phrase 'contested responsibilities' to address this topic.

It was widely reported by officials and community members of all ages in all five research districts that adults' main preoccupations is with meeting their own needs and those of their biological children; they were thus said not to have the time, inclination or motivation

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<sup>41</sup> Freeman, M. & Nkomo, N. (2006). Guardianship of orphans and vulnerable children. A survey of current and prospective South African caregivers. *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV*. 18(4), pp.302-310. Page 303.

to provide emotional, material or financial support to children in the community who live without their parents (related or not).<sup>42</sup>

The report goes on to describe how community members explain this drift away from the automatic kinship care tradition. Some officials report that more parents now were of the view that it was the Government's duty to take care of children if parents could not, and 'in numerous interviews, adult respondents implied that campaigns to raise awareness of children's rights were resulting in shifting understandings and contestation around the roles and responsibilities of families, communities and government'<sup>43</sup>. While child's rights advocates may not be happy to hear this, it seems important that advocacy efforts recognise these dynamics.

### Child protection risks in kinship care

While all the informants consulted for this report strongly advocated returning children from residential care facilities to their families, they also recognised that the children would require careful assessment of their needs and support to help them return. Many families would likely require some form of assistance, especially with scholastic costs or income generation. These re-integration processes, including 'economic strengthening' practices, are currently being implemented among those organisations which have signed up to the ACF and those who are part of current deinstitutionalisation projects described above. Sustaining this focus on resettlement and strengthening vulnerable families will require existing residential care facilities to raise additional resources, or re-direct existing ones, to this work. Resettlement work includes individual assessment, family tracing, family support work and at least some basic individual care-planning and monitoring<sup>44</sup>.

A number of research projects have been carried out into kinship care in Uganda and neighbouring countries<sup>45</sup>. These studies recognise both the scale and positive value of this option for OVCs, but also report on the significant 'child protection' risks associated with kin care.

The findings demonstrate that girls' and boys' experiences of kinship care are diverse and that outcomes for children are mixed. Kinship care is a positive experience for some children enabling them to be cared for and loved by family members, to maintain a sense of identity, culture and inheritance. Furthermore, some

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<sup>42</sup> Mann, G. (2015). *An Investigation of the circumstances of children living in residential care in Uganda, with a focus on those who are HIV+*. Ministry of GL&SD, UNICEF Uganda and UNICEF New York. Page 25.

<sup>43</sup> Ibid. Page 26..26).

<sup>44</sup> Delap, E. & Wedge, J. (2016). *Guidelines on children's reintegration*. Family for Every Child (inter-agency group on children's reintegration).

<sup>45</sup> Save the Children. (2015). *A sense of belonging: Understanding and improving informal alternative care mechanisms to increase the care and protection of children, with a focus on Kinship care in East Africa*. Kenya: Save the Children International; Roby, J., Shaw, S. & George, L. (2014). Perceived food and labor equity and school attendance among Ugandan children living in kin care. *International Journal of Social Welfare*, 23(2), 205-214.

children have increased access to education, health care and other resources when living with kin caregivers. However, for other children, kinship care is characterised by discrimination which can adversely affect their access to quality education, nutrition and protection.<sup>46</sup>

There is little doubt that kinship care will continue to play a vital role in supporting vulnerable children. The pressure to resettle as many children as possible from residential settings to birth family and/or kin will likely increase as deinstitutionalisation efforts grow. Most informants for this report thought that State resources in the form of PSWO and CDO staff at District level will likely remain far too limited to offer the level of case-management and oversight for this community-based child protection role, and therefore a move away from institutional care towards resettlement and kinship care support will require significant input from external funders of local services and international NGOs. The re-direction of resources by institutions into returning children home, monitoring them and seeking to support them with time-limited finance and other family support measures, could provide the essential 'capacity' to support improved quality in kinship care and better protection for children who rely on it.

### **Overseas funding of support for kinship care (rather than institutions)**

Expecting overseas funders to continue to support child care services when they change their orientation from institutional care to family support may be difficult. As one informant notes below, it seems that many western sponsors feel that their money is doing some good if they can actually see where it is being spent – see the building and the children in it, and if they know and trust the people who are doing the caring. Asking them to give money to vulnerable families to keep hold of their own children is much less 'visible' work and it is perhaps more difficult for the donors to easily visualise where their money is going. During the fieldwork, another informant spontaneously offered an example of exactly this kind of thing happening. The Director of a local faith-based NGO which is now doing extensive resettlement work explained that they had lost the support of one overseas donor who had visited their girls' home to discover that there were only 5 girls living there, and in consequence he withdrew his support. He told us:

'He was a long-time supporter so to get him saying he is not giving his money any more was kind of hard but he didn't understand that we are doing [this] because number one, that is what the Government is saying we should do. But number two, even before the Government said what we should do, we started this resettlement in 2006. And for us because at the end you know the

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<sup>46</sup> Save the Children. (2015). *A sense of belonging: Understanding and improving informal alternative care mechanisms to increase the care and protection of children, with a focus on Kinship care in East Africa*. Kenya: Save the Children International. Page xi.

home – how would we support 535 children in a home? Compare to now where we are able to support 535 children in the different homes and of this 535 we are even starting to withdraw our financial support to them because we are empowering their families to take over the responsibility. This year by the end of the year I hope to exit 130 children from the programme because of their families are finally reach that point of paying 100% [of scholastic costs] and then a further 100 by the end of next year we are putting them on a half scholarship basis.;

# Residential Care

## Categorisation of Institutions

As the issue of the growth of unregistered and poorly functioning ‘institutions’ was so central to this report, we attempted to produce an approximate categorisation of the residential facilities currently found in Uganda,

- Government run homes
- Older established homes for children with disabilities
- Homes run by Catholic Church orders
- Children’s Villages with overseas headquarters (e.g. SOS and Kids of Africa)
- Baby homes, some long-established
- Homes for children who are HIV+
- Homes run by local Pentecostal churches /Pastors
- residential facilities attached to Madrassas (schools) located adjacent to mosques

In most of the categories listed above there are relatively few homes. The Government directly runs only two – Kampirisinga Rehabilitation Centre and Naguru Reception Centre, founded in 1952 and 1966 respectively. Similarly, some of the Baby Homes – Sanyu (1929) and Nsambya (1966) – go back a long way<sup>47</sup>. There are a handful of homes reported to be run by Catholic religious orders, and likewise there are a few homes for children with disabilities, and some specifically set up to cater for children who are HIV+. These were reported to have relatively good material conditions and higher staff: child ratios than many other homes<sup>48</sup>.

It is the homes that we have labelled as ‘Homes run by Pentecostal Churches’ that have increased hugely in recent years, and now run to several hundred. The picture regarding residential institutions attached to Madrassas (mosque schools) is especially unclear, with only occasional pieces of anecdotal evidence emerging in conversations with one or two PSWOs.

## External funding

The *Strong Beginnings* report discovered that the main source of funding for the majority of CCIs was child sponsorship by individuals outside of the country (35 per cent), followed by international NGOs or charity (27 per cent), then churches outside of the country (15 per cent), and this sample included two government-run and funded homes. The data shows that over 80 per cent of funding of private institutions comes from outside the country (Walakira et al., 2015).

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<sup>47</sup> Walakira, E., Dumba-Nyanzi, I. & Bukenya, B. (2015). *Child care institutions in selected districts in Uganda and the situation of children in care: A baseline survey report for the Strong Beginnings project*. Kampala: Terre des hommes, Netherlands.

<sup>48</sup> Mann, G. (2015). *An Investigation of the circumstances of children living in residential care in Uganda, with a focus on those who are HIV+*. Ministry of GL&SD, UNICEF Uganda and UNICEF New York.

## Pentecostal Homes/ Institutions

‘The biggest number of CCI’s are founded by born again churches. Not all of them are poor quality. Usually the home and school are together and linked in with a CCI.’

The quote above from a key informant is representative. In discussions with informants and research colleagues it was agreed that identifying many of the new residential facilities as ‘Pentecostal’ was the most accurate term to use. [It should be noted that it was not possible to engage with any of these newer CCI’s during the fieldwork for this report.] Most indigenous churches in Uganda - those that are not part of global denominations such as Roman Catholic or Anglican - self-describe as Pentecostal. According to key informants, the lack of engagement by many of these new CCI’s means that it is difficult to know their motivation or vision. It is perhaps not surprising that some enterprising church leaders have seen the possibility of raising income for themselves and their church through seeking overseas sponsors for the children they recruit into the homes.

Of course, it is possible that some of these homes may be of a good standard and be being run in a genuinely child-centred way. However, the evidence from the reports of studies which have been carried out into the operation of those homes for the original ACF Baseline study and the subsequent *Strong Beginnings* study, suggests that many are not. The mere fact that some chose not to seek registration, for example, strongly suggest that their standards may not be high, and any form of professional or statutory oversight is clearly lacking. One informant from a local FBO said that some of these Pentecostal residential facilities raised many concerns. For this informant, there were a number of ‘red flag’ issues – unwillingness to network, lack of child care awareness and child protection policies, and a lack of understanding of basic child care needs.

A number of informants were asked what they considered to be the motivation that lay behind the desire of people who are not social workers, or have not previously been involved in child welfare work, to set up residential facilities. The Commissioner for Youth and Child Affairs was adamant that there is a process of ‘commercialisation’ at the heart of this rapid expansion – ‘Children’s homes in some cases are bait for mobilizing finances’. For one informant there are three forces at work when local entrepreneurial church leaders link with western evangelical money. When asked what was behind the expansion he said,

‘I think there are three reasons. Firstly there are people who want to help kids in poverty by taking them in... Naïve but good hearted. Secondly there’s finances... sponsorship is big business and more kids equals more money. No track record needed to find sponsors. ..And three is ego. And I think the ego is the most difficult thing to overcome. The ego of rescuing orphans, the ego of supporting poor

African kids and the saviour mentality - that is the biggest. I think that is very much a western idea that we can help Africa by building orphanages and rescuing orphans when ultimately it is completely contrary to what we are trying to do...'

## Growth in numbers of Child Care Institutions

The context of alternative care in Uganda in 2016 is dominated by the enormous and unregulated growth in the number of children's facilities in the past 10 years. Some reports suggest that Uganda had perhaps 35 children's homes during the mid-1990s, but since then the numbers have grown steadily and, according to informants, the increase appears to have accelerated in the past 5-10 years. According to a Ministry report, the number of institutions in the period 1998 -2001 had grown from 75 to 88<sup>49</sup>. The Commissioner for Child and Youth Affairs in the Ministry estimates that there are 600+ residential facilities in Uganda, but in reality the overall number is not known, and despite the current deinstitutionalisation activity many informants believe that new homes/institutions continue to open.

The key point to note is that the great majority of these have never been registered with the Ministry, as required by law, with the owners apparently unaware (and reportedly often uninterested) in the statutory duties associated with running a CCI in Uganda. These include guidance on standards of care, and the requirement that there should be a Court order relating to all children placed in a CCI. With such huge numbers of unregistered CCIs it is obvious that it is very difficult to know even basic information about them, such as who the owner is, or the numbers, age range and circumstances of the children in them. However, it is possible to get some ideas from detailed studies in certain Districts. The *Strong Beginnings* project worked with 29 residential facilities across 3 districts, and reports that 62% of the private CCIs were established in the previous 10 years (they classified all homes, except the government ones, as private)<sup>50</sup>.

The view of most experts interviewed for this report is that there are far too many children in residential facilities in Uganda, essentially because of material poverty, especially associated with the burden of educational costs falling on kinship carers for children who have lost one or both parents. The huge growth in institutional provision is seen by them as a result of unprincipled opportunism and a lack of regulatory capacity, and that these places are, in every sense, an inappropriate child protection response. Encouraging governments to take steps to make sure that poverty alone is not a reason for entry into alternative care is one of the key messages of the Guidelines for Alternative Care of Children. The key informants were primarily concerned about lack of government

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<sup>49</sup> Ministry of Gender, Labour and Social development (2003). *Uganda Country Report*.

<sup>50</sup> Walakira, E., Dumba-Nyanzi, I. & Bukenya, B. (2015). *Child care institutions in selected districts in Uganda and the situation of children in care: A baseline survey report for the Strong Beginnings project*. Kampala: Terre des hommes, Netherlands.



capacity to regulate alternative care, and the way that the private owners or local NGOs setting up the homes made little or no effort to reconnect children to kin, nor did they have the capacity to undertake the kind of social work that would help the children.

## Not a new problem

The following extract is from a government report from 2003, reporting an increase in the number of institutions in the period 1998-2001. **It is a depressing and salutary reminder that the problems we have been describing in 2016 are not new**, and that despite guidance and admonishments on this very subject the situation regarding the creation of new institutions has continued and even accelerated.

In Uganda the residential care of vulnerable children poses many challenges. It nurtures dependency and has a negative effect on the physical, social, psychological and emotional growth of children. It exposes children to abuse by ruthless caregivers, encourages the corruption and exploitation of children for the benefit of the private owners of homes who often misuse for their own lavish expenditure the funds intended for the children. Residential care is expensive in itself. Because of these bad practices the social integration and acculturational needs of children in institutions are often neglected.<sup>51</sup>

The blunt language in the quote above, referencing the ‘ruthless caregivers’ found in some of the institutions and the ‘misuse of funds’ by them, is striking and tells us that concern about the misuse of residential care is long-recognised, at least by officials in the MLGSD and available in public reports going back many years now.

## Standards in residential facilities

The Ministry baseline report from 2012 (Riley, 2012) piloted the use of an ‘*Approved Homes Regulations - Assessment Toolkit*’ and assessed 40 homes as part of the work around developing the Alternative Care Framework. The toolkit uses a 45-point scale to measure the quality of provision and practice across a number of domains. Although many of the homes were shown to be operating a great deal below the standards set out in the *Approved Homes Regulations 2012*, some of them scored ‘excellent’ or ‘good’ on some of the domains, such as HIV Treatment Provisions, Governance and Management, Child Care, Record Keeping and so on<sup>52</sup>.

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<sup>51</sup> Ministry of Gender, Labour and Social development (2003). *Uganda Country Report*. Page 199.

<sup>52</sup> Riley, M. (2012). Baseline Study: *The state of Institutional Care in Uganda*. Kampala: Ministry of Gender, Labour and Social development.



## Size of the homes

The size of the homes appears to vary considerably; some are relatively small-scale with 12-20 children, while others might have 40 children and some are much larger. The *Strong Beginnings* Report (Walakira et al., 2015) found an average of 44 children in the 27 non-government homes they received information from, but this concealed a wide range from 11 to 76. Places such as the SOS Children's Villages have about 100 children on campus in separate houses of ten children, and the Watoto Villages contain around a thousand children in each village, grouped in small houses of eight children. Anecdotal reports suggest that some of the 'unknown' other homes may range from small groups of children recruited into ad hoc domestic-scale dwellings to much larger premises where large numbers of children live in basic dormitory style accommodation.

As we have seen, however, there are major areas of weakness in the fundamental orientation of many of the homes, and the quality of care undertaken. The Riley report (2012) made the following general comments about the 40 homes:

- Children recruited in line with a 'vision' rather than the needs of the community
- Very little will to resettle children when child sponsorship is involved
- Most children in the institutions assessed HAVE families & sometimes visited them
- International Adoption reduces efforts to find Ugandan solutions
- Some institutions admitted donors not willing to fund resettlement activities
- Child record keeping, policies, procedures very limited
- 'Pastors' often ill-equipped and unskilled to deliver quality child care services
- Standards vary greatly - saw some magnificent facilities but also appalling conditions<sup>53</sup>

The assessment recommended that five of the 40 homes be closed, and found 'poor' or 'very poor' child care standards in nearly half of the homes. Only nine had sought out and received approval from the ministry and only 40% even had a CBO or NGO operating certificate – a much more basic form of registration.

The Walakira report (2015) found similar shortcomings:

- More than two-thirds (64 per cent) of the children living in the CCIs had at least one living parent, 13 per cent had lost both parents
- The placement of majority of children in the CCIs occurred in contravention of legal procedures with more than half of them (51 per cent) admitted without a care order
- Data show that some CCIs staff encouraged and/actively solicited parents and families to place their children in the institutions

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<sup>53</sup> Riley, M. (2012). *Baseline Study: The state of Institutional Care in Uganda*. Kampala: Ministry of Gender, Labour and Social development. Page 23.

- Less than half (43 per cent) of the children among those have parents or relatives were in regular contact with them (parents or relatives)
- Out of the 27 private CCIs, only nine were registered as approved babies' and children's homes

## Children's voices

The consultation with children took place with separate groups of 10 or so boys and girls in 2 different children's organisations, both of which were 'Children's Villages' run by 2 different European-based organisations. They are thus not representative of the many diverse residential care facilities that have been described in this report. One group consisted mainly of 10 year-olds who found some of the activities difficult to tackle without getting too excited. The other group were in the range 12-16 years and provided more comments. The children were asked to identify which people were important to them, and the researchers hoped to find out if birth family or kin played any role in their lives. They were then to identify things that they were happy about or worried about, and use was made of a confidential mechanism to encourage honest answers to these questions – individuals wrote on post-it notes which were folded and placed in happy/worry bags, which none of the children could access and which were taken away by the researchers. They were also asked questions about the degree to which they 'participated' in life in the villages.

For both CCIs, the children indicated that persons in the institutions are important in their lives. Friends were prominent, including school friends, and for one of the groups the house mothers were important. Family members were mentioned by some of the children in one of the villages, although rarely so by the children from the other village. Some of them were able to report contacts with family members; when the other, younger group were asked about family, they merely repeated that they were orphans and of course do not have parents. Many included their faith, Jesus and God among 'people' that were important to them or the things that made them happy at the institutions. Many of the children seemed to have few people in the immediate network of important people.

With the younger group, what made the children happy revolved around their daily activities, with emphasis on studying, religion/faith, singing and extra-curricular activities. The children love extra-curricular activities, playing and helping around the house.

Children in both institutions also attend local schools outside their institutions. The schools clearly play a very important part in the lives of the children – many of them mentioned school friends among those who are important to them. However, they experienced some mixed comments from other children at school.

‘Some of those children want to come and live here because they think it is nice, while we want to see our parents. They admire what we have here but we want our parents.’

‘Some children say they cannot befriend SOS children. Others think that all of us here are orphans so they insult us. Others treat us well and equally.’

One group seemed to report quite a lot of negative comments, apparently from teachers, which stigmatised them – being referred to as ‘children from the dump’. Some reported mistreatment in the form of physical and emotional violence by teachers and other staff.

The children at one of the villages seemed in general to be happier than in the other, although we must remember that the two groups were not directly comparable and the consultation was only a short snapshot of comments from some of the children. The children at SOS seemed to enjoy their village families, their homes and beds, good meals and material things, extra-curricular activities and education.

Among the older children, some are aware of the communities they came from, and many miss their relatives/parents. The children are also attached to their families and friends in the village and worry if, for instance, a mother is not well. They are conscious of their surroundings and are warned about possible sources of harm, such as accidents or harmful people.

The consultation with the children was very short-term and was conducted by outsiders, with all the possibilities and limitations of that approach. The comments help give at least a little ‘flavour’ of their lives; identifying sources of happiness, worries or concerns. We were looking for comments about families of origin, and one of the main messages we heard was that many of the children do indeed have a sense of missing parents/family and that this loss makes them vulnerable to unpleasant comments from fellow pupils and, much less forgivably, from some teachers too.

## **Deinstitutionalisation Projects**

Since the development of the ACF and the initial creation of the CCI Database in 2011, major NGOs in conjunction with the MGLSD have undertaken a number of ‘deinstitutionalisation projects’, in order to try to make progress in mapping and monitoring residential facilities, improving services, developing the ACF and making progress in deinstitutionalisation. In this section, three major projects are briefly described.

## Strong Beginnings (2012-2015)

The '*Strong Beginnings – A family for all children*' project was conceived to take forward the agenda identified by the Ministry, UNICEF and concerned NGOs following the work to develop the ACF from 2011 onwards. It was funded by Terre des hommes (The Netherlands), and the implementing partners were Child's i Foundation, ANPPCAN, Alternative Care Initiatives, and Makerere University Department of Social Work and Social Policy. These partners worked with CCI in three Districts, undertaking mapping of the CCI in these districts and seeking cooperation with them.

Specifically, the project seeks to enhance preservation of families and prevention of unnecessary separation of children, reintegration of children from child care institutions into family care, and improvement in the quality of care in residential homes with a renewed commitment to permanent family-based care and increased capacity to ensure the continuum of care.<sup>54</sup>

The project gathered data about the children and operation of the homes in the three Districts, and worked with them to improve standards. The *Child's i Foundation* also initiated a fostering service to complement the work of the CCI.

## ACCoSS (2016-2018)

The Alternative Care Consortium on Systems Strengthening (ACCoSS) continues some of the work of the previous *Strong Beginnings* project. The project is externally funded by Terre des hommes (The Netherlands) who also funded the *Strong Beginnings* project. The four implementing partners, who are also investing personnel and resources, are SOS Children's Villages Uganda, Alternative Care Initiatives, the African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN - Uganda Chapter), and the Child Health Development Centre at Makerere University. The project also works under the oversight of the Ministry and one of the objectives is to provide capacity to the Alternative Care Unit, which is being developed within the Ministry. The project will be implemented in four Districts – Kayunga, Wakiso, Mukono and Buikwe – and seeks to reintegrate children with their families, develop shared practice between local PSWOs and NGOs, and work in accordance with current legislation and policy. The University staff will gather data for learning and seek to create an evidence-base for continued work around child protection, family strengthening and reintegration. The project has a target to reintegrate 150 children currently in CCI, and aims to work with poor/vulnerable families to 'improve their assets and income' and encourage their participation in Village Savings and Loans Associations (VSLAs are village-level micro-credit groups which are being widely encouraged across rural Uganda as a means of promoting income generation and small businesses among its members).

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<sup>54</sup> Walakira, E., Dumba-Nyanzi, I. & Bukenya, B. (2015). *Child care institutions in selected districts in Uganda and the situation of children in care: A baseline survey report for the Strong Beginnings project*. Kampala: Terre des hommes, Netherlands. Page 2.

## Deinstitutionalisation of Orphans and Vulnerable Children in Uganda (DOVCU)

The Deinstitutionalisation of Orphans and Vulnerable Children in Uganda (DOVCU) project is a three-year program funded by USAID's *Displaced Children and Orphans Fund* (DCOF). The project is being implemented from June 2014- 2017 by *ChildFund International* and will work closely with the MLGSD, *Child's i Foundation*, *TPO* and *Retrak*, aiming to reduce the number of children living outside of family care in 12 districts of Uganda.

The DOVCU project aims to reduce the number of children entering and living in institutional care by building the capacity of civil society and Government to implement the Alternative Care Framework across 12 key districts and places a special emphasis on reintegrating children without parental care (either in Child Care Institutions or living on the street) back into their families and communities or placed into safe alternative Ugandan families according to the continuum of care in the National Alternative Care Framework.

## SOS Children's Villages

SOS Children's Villages are a huge global children and family services' organisation with headquarters in Switzerland. They have famously been known for their villages - always well-resourced and organised, employing trained staff to work in small group homes creating a village community, and often with their own kindergarten or primary school. The organisation worldwide has taken the decision to disperse these villages, and to move the households into residential neighbourhoods, thus making the households much more like professional foster care families. The villages are being broken up and their buildings are being sold off or used for a variety of other purposes.

Under the SOS corporate structure each national association has considerable autonomy, and therefore the precise speed of this process of village closure and dispersal of households will vary from country to country. In Uganda, there are currently four villages at various stages in this 'village closure/dispersal' programme which, as will be well understood, represents a major shift in practice and organisational challenges. When complete, this will represent a significant form of deinstitutionalisation for this organisation. The Family-Based Care Director (formerly the 'Village Director' post) of the Entebbe Village confirmed that plans were progressing to disperse the Entebbe Village households, and that the first household move would likely take place in the next few months. The Family-Based Care Director acknowledged that they did need to put more resources into family tracing and attempt to find families for children in the current houses, aiming to return many more of them to families than had been the norm in the past.

## Foster Care

A number of NGOs have started to develop (formal) foster care in Uganda in recent years. The 2003 Children Act, the main piece of legislation governing the care, protection and maintenance of children, contains guidance on alternative care, and includes reference to fostering and a set of Foster Placement Rules in Schedule 2. Included in these rules is the stipulation that the District PSWO must visit each child in foster care every three months. There is no evidence that these visits are taking place, even with the few children who have been formally fostered to date; given the huge scale of the responsibilities of the PSWOs and the large populations they are responsible for, this is not surprising. It seems that some of the organisations which run residential institutions have developed their own informal fostering services as an adjunct to their residential provision; their own social workers provide the recruitment, training and monitoring.

The recently passed Children (Amendment) Act 2016 includes one reference to foster care as a placement option within a 'continuum of comprehensive child welfare services' (Section 14). However, there are no recent, specific pieces of legislation or subsidiary guidance available to support the developing services, which are all run by NGOs, some funded externally and others by local CSOs. Thus, Uganda is typical of the region, according to the recent *Family for Every Child* report into fostering (2015), which notes that 'the development of widespread formal foster care services continues to be slow and small-scale' and mainly exists as small-scale, pilot projects developed by NGOs<sup>55</sup>.

The NGO *Alternative Care Initiatives* has recently undertaken a survey about fostering<sup>56</sup>. Based on a return of 12 questionnaires, they were able to gather information about 142 children currently placed in foster care with five organisations. The age of the children was evenly spread across the age range from 0 -18 years. In terms of approval and decision-making about placements, the survey found a range of practices; some agencies made the decisions jointly with the PSWO, but others took the decision themselves and did not seem to involve the PSWO or the Courts. The survey also found a wide range of practices in relation to monitoring visits, ranging from 'constant monitoring' to yearly visits, with a number in between who provided either monthly, 3-monthly or 6-monthly monitoring.

A national 'Alternative Care Fostering and Adoption Panel' has been set up under the governance of the MGLSD, as per the National Alternative Care Framework Guidelines. This Panel acts as an approval panel for new foster and adoptive parents. It also approves the placement of children whose cases are brought before it by the NGOs, who usually are running or linked to an orphanage or Baby Home. The Panel also deals with request for adoptions, although so far few requests for adoption have been brought

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<sup>55</sup> Family for Every Child. (2015). *The place of foster care in the continuum of care choices: A review of the evidence for policymakers*. Family for Every Child. London:UK.

<sup>56</sup> Riley 2015, personal communication



forward by children's homes. As noted elsewhere in this report there has been a surge in ICA in recent years. These have been facilitated by Courts awarding 'Guardianship orders' to the foreign prospective adopters, thus facilitating a quick transfer of the child abroad and then subsequent adoption processes being initiated. As the national AC Panel operates according to the ACF, it is not likely that they would approve a request for ICA using this Guardianship 'loophole'.

The *Child's i Foundation* has been particularly active in developing both short and long-term foster care, and they have been proactive in making use of the Panel to authorise placements. *CALM Africa* is a Ugandan NGO which is also developing a community-based fostering service in two sub-Counties, and their Project Director provided the following information about their fostering developments:

- They are active in community development and have some 'community volunteers' who are trained in basics of social work, and sometimes referred to as 'para-social workers'. Potential foster parents approach them in the first instance.
- The community volunteers give an initial screening assessment about who would be a good foster-parent or not. Social workers employed by CALM undertake the fostering assessments, and then the foster carers get training (4 day programme). Then they go on the list of potential foster-parents.
- There is a further matching assessment based on the individual child assessment before the placements are made, which have to be approved by the local PSWO. This service has 6 approved carers to date and provide short-term placement for children, currently in the 4-8 years range.
- The CALM Africa social workers make regular weekly visits to the foster families, and their aim is to get the children resettled with their parents. Since starting last year a number of children have experienced a foster placement and been returned to their families. CALM staff liaise closely with the local CDO who reports to the PSWO.

## Court Orders

Under current legislation there should be a Court order authorising placements for all children placed in foster care, as for children in residential care. It is the duty of the PSWO to seek the Court order, but the foster parent and the child are expected to be present in Court. The NGOs involved in this process report that many foster parents are very daunted by this prospect. It is possible for the PSWO to waive this requirement, but this depends on the relationship between the PSWO and the placement organisation. It would clearly be helpful if a more 'administrative' method of authorising placement could be established, rather than the time and expense of a court process for what could be short-term placements.



## Payment of foster carers

Payment of foster carers is usually seen as a key component of a formal (non-kin) service, recognising that there are real costs involved in bringing up a child and that 'work' is being done on behalf of the State. Nevertheless, in very low-income countries finding State budgets to fund foster care is usually not seen as realistic. Further, in the absence of systemic 'cash transfers' to vulnerable families, there is also a danger that payment to foster carers may be seen as a peculiar response when poor kin carers might be available but reluctant, due to the sheer costs of caring for another child. (As we see elsewhere in this report, the issue of 'scholastic costs' looms large). There is also the fundamental question of the 'sustainability' of NGO-payments and this is an issue being debated within Uganda. Permanent, guaranteed funding can only be delivered via a State system, and there is a danger that foster parents who have become accustomed to a regular repayment will likely be discouraged if the NGO changes its priorities or loses some of its funding, and is no longer able to make the monthly payments.

However, when foster care systems are in their early days there are frequently debates about whether it is morally proper to give foster parents money, as the appeal to do this work is usually couched in terms helping children in need – of 'opening your home', 'making space in your heart' and so on – rather than the financial reward being highlighted. During the course of the fieldwork for this research, the question of getting foster carers with the 'right' motivation was raised by several informants, with the view that it was important that 'people should not do this for money' being firmly expressed.

The *Child's i Foundation* does give modest payments to their foster carers, and it is perhaps worth noting that they are a UK-based charity and that their system has been developed, and training provided, by English foster care experts. It is also true that most of the children they are placing are babies and consequently schools costs are not an issue. There are, of course, other additional cost issues associated with placing very young children, including milk and nappies etc. *CALM Africa* does not provide cash payments to their foster carers as they believe it is not sustainable, however they are able to meet any additional scholastic costs for the children placed with their foster carers, and they do provide various forms of in-kind assistance (mattresses, mosquito nets etc.) and support families to develop income generating activities.

*Dwelling Places* do make a payment to the 37 foster families looking after children (50k shillings per month), plus schools fees and any health costs. This group of children are those who cannot be resettled with family and constitutes a small part of their work. This organisation mainly resettles street children back to their families – and the birth families are often given a small amount of financial help to go toward their school costs.

# Prevention, resettlement and leaving care

## Prevention

As will have become obvious by now, there is very little systematic 'prevention' work being carried out by social work personnel in Uganda. Prevention is a cornerstone of the Alternative Care Framework, yet the area of service development which is most lacking currently. The formal responsibility for monitoring care and protection cases, and for processing admissions to any form of alternative care, lies with the PSWOs at District level. These officers have huge remits and struggle to achieve even basic monitoring of residential care facilities, and certainly do not have the capacity to undertake proactive work to prevent children becoming separated from their parents. We have also seen that most of the child welfare resources continue to accumulate within residential care facilities. In the worst cases, the directors of these facilities are in fact making a mockery of a commitment to 'prevention', by actively recruiting children from families.

As noted above (p.16) there are millions of children who are acknowledged to be vulnerable, many of them living with grandparents or other relatives who are also very poor. The Government, with the support of external donors, has attempted to create a national and coordinated response with its OVC strategy, and the associated *National Strategic Programme Plan of Interventions* for OVCs (NSPPI-2), covering the period 2010/11 – 2015/16. External donors, in particular USAID, working through local NGOs and CSOs, are supporting a large number of programmes, and continue to develop new programmes, for example, SCORE - *Sustainable Comprehensive Responses for Vulnerable Children and their Families*, which describes itself as, 'a household-centered economic strengthening project in Uganda, targeting 20,000 households of vulnerable children.' (<http://www.avsi-usa.org/score.html>). These, and programmes of a similar nature, will usually attempt to map the most vulnerable OVCs at the household level and provide support through a variety of means, often including the development of micro-credit initiatives, such as the Village Saving and Lending Associations (VSLA). Once in such groupings, vulnerable families can also be offered assistance with the school and health costs, and other parenting support efforts from local NGOs and para-social workers/volunteers. The PSWO and CDOs may be able to call upon such local CSOs and networks of volunteers to support those families where children are at high risk of becoming separated from parents or kin.

## Resettlement

The process of reintegrating children living in residential care with parents or kin is most commonly referred to in Uganda as 'resettlement'. For directors of residential care facilities, resettlement work involves putting resources into family tracing (where necessary) and beginning to re-establish relations between the child and parents and other family members, if these have been absent. The recent *Guidelines on Children's Reintegration*<sup>57</sup> have been developed through a wide-ranging process and are endorsed by leading agencies. Their definition of 'reintegration' states that it is a process of a child, 'making what is anticipated to be a permanent transition back to his or her family and community (usually of origin), in order to receive care and protection and to find a sense of belonging and purpose in all spheres of life' and go on to argue that this is different from 'reunification which refers only to the physical return of the child'.<sup>58</sup>

The Guidelines emphasise the complexity of the reintegration task. In the Ugandan context, it is likely that the families will need some assistance to strengthen their capacity to generate income, and perhaps some help with parenting, especially for those children who have been living on the streets or who have experienced significant trauma. From a protection perspective, the children will need to be monitored for a period of time to make sure that the families and communities are taking care of them. Anecdotal evidence from informants suggests that there are stories of some 'street children' being 'resettled' but promptly running away again. And, as we have seen, a key challenge in promoting resettlement with children from very poor families is the capacity of families to meet the 'scholastic costs' associated with sending children to school.

The extent to which institutions are actually carrying out resettlement work is something that has been examined in the recent reports about the operation of residential care facilities, with the finding that, frequently, institutions are content to have children stay for many years, and are putting little effort into family reintegration.

Many institutions had no interest in resettlement or considering other alternative care options such as kinship care or foster care.<sup>59</sup>

However, resettlement work *is being undertaken* by a growing number of Ugandan institutions and agencies, which can be seen in the number of local NGOs and FBOs supporting the ACF (<http://www.alternative-care-uganda.org/supporters.html>). One such agency is the NGO *Dwelling Places*, which started as a fairly conventional small children's home, although always working with children 'on the street' and only providing transitional education rather than a permanent school. It has evolved into a short-term

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<sup>57</sup> Delap, E. & Wedge, J. (2016). *Guidelines on children's reintegration*. Family for Every Child (inter-agency group on children's reintegration).

<sup>58</sup> *ibid.* Page 1.

<sup>59</sup> Walakira, E., Dumba-Nyanzi, I. & Bukenya, B. (2015). *Child care institutions in selected districts in Uganda and the situation of children in care: A baseline survey report for the Strong Beginnings project*. Kampala: Terre des hommes, Netherlands. Page viii.

residential home with a large resettlement programme. Most staff are now working to resettle children back into their families, and support and monitor the children once they have returned to their homes.

Pursuing large-scale resettlement (of children in residential care and street children) is a major component of the current deinstitutionalisation programmes, and the learning from these will surely encourage other NGOs to adopt a much more flexible approach to the use of residential care as a short-term resource in as many cases as possible. The reporting of resettlement practices can perhaps begin to generate the kind of family support skills that could allow NGOs to evolve into family support and prevention services.

## Leaving Care

‘But how do you expect a child who has not had contact with their community has just been watching TV in their room or in a hall to go back to a home... in an environment, work in a different place, where there is no television, probably the power has been cut? That is not integration. So the outcomes you could just imagine. So there is no research on what is happening to these children but from the experiences that I shared, from the understanding of how they live you can just pretty much imagine that the outcomes are pretty poor.’

(key informant)

In Uganda, there has been little official focus on the group of young adults who may leave care at age 18 and thereafter have to find a way forward in life without the benefit of family networks or adequate preparation for reintegration. The issue of support for care-leavers has been pushed forward since the adoption of the ACF and is one of the topics that has been included in an *Action Plan on Alternative Care*, currently being prepared by the multi-agency Child Protection Working Group within the MGLSD. In recent years, some organisations – notably SOS Children’s Villages – have started to develop structured housing and support programmes to prepare young care-leavers for life after 18, and encourage them to undertake further education or training beyond high school. Other homes may give young care-leavers a small grant to help them find a room and survive for the first few weeks, but with the expectation they will fend for themselves after that. The reports of children’s homes having significant numbers of over 18s<sup>60</sup> is perhaps also a sign of some of the young people at least being kept on in the absence of another plan or form of support – but still without a family or social network

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<sup>60</sup> Walakira, E., Dumba-Nyanzi, I. & Bukenya, B. (2015). *Child care institutions in selected districts in Uganda and the situation of children in care: A baseline survey report for the Strong Beginnings project.*

beyond the institution. Part of the cluster of activities being developed by ACI in Uganda is the initiation of a care leavers association:

‘I say the resettlement system is really bad because you have been given this money and you’re are a young man you think you are all right because you have been living in this protected area and everything was provided. You have been living this high life where you are given your meals, you have a shower and all these opportunities are being given to you, and you have an expectation and you are picked up and psychologically you have to fight to integrate yourself into the community – the community is finding you as a very different character to the other children that are in the community.’

One of the key informants for this report (quoted above) was brought up for many years in a residential care facility run by missionaries from the USA. The effect of the difference between the relatively high material standard of living in foreign run children’s homes and the material conditions in most families was raised by this informant as a significant challenge. He talked about how young people who were used to living in accommodation with a concrete floor, 24-hour electricity and relatively expensive and processed foods – such as sausages – struggled to adapt when they had to provide their own food. He remembered himself and some others perhaps thinking themselves a little bit superior to other young people because he had eaten foods like these and other treats provided by the carers in the home. However, when he had to survive by himself he soon realised that his money would run out quickly if he spent it on these things. This chimes with the testimony of some of the children consulted for this report who said that other children at school envy them for the material things they have in the children’s village, though they *‘pity us because we don’t have parents’*, in the poignant words of one child.

For this informant, the social and psychological challenges of re-integrating into society were even more significant than the material ones. When he first started to live independently he became aware that he wasn’t used to socialising in the same way as the other children, and even spoke slightly differently to the others he now mixed with at college and at his lodgings. He himself was highly motivated (initially to run his own orphanage) and so he was able to avoid falling into some of the patterns he observed among his peers – young people getting into alcohol and drugs because they had no kin to relate to, and young girls becoming pregnant. When he eventually set up a transitional residential shelter for street children in a town in Northern Uganda, he decided he would provide the same things they would get in the villages. He also didn’t build a playground – as many of the children’s villages do – instead he provided a football and encouraged the children and youth to kick about on some spare ground near the shelter.

# Adoption

## National Adoption

National adoption is a little used option for children in Uganda, though it is now being encouraged under the ACF. Fostering has been recognised in law in Uganda as an essential precursor to adoption – both national and ICA. Thus, until the recent amendment Act, all prospective adopters were expected to foster the child (in Uganda) for a period of three years before the adoption could be finalised. The recent Children (Amendment) Act has reduced this period to one year. The sudden and extensive growth of ICA has been a major concern in Uganda in recent years<sup>61</sup>. ICA is allowed for under Ugandan law but is seen as a ‘last resort’ under the ACF, and the Children Amendment Act now spells that out. PSWOs and the Courts are supposed to prioritise national adoption, and only use ICA when that is not available for a particular child. The growth of ICA involved foreign adopters, usually US citizens, getting a Guardianship order, which allowed them to take the child out of the country for this three-year ‘probationary’ fostering period. The Amendment Act has clamped down on this loophole, and Guardianship is no longer available to foreign nationals. Informants close to the operation of the Panel report that it is too early to say if the new legislation will have the impact on ICA that is anticipated, or whether Courts will fully enforce the letter and spirit of the Amendment Act. It is reported that, until now, the Panel has received few requests for a national adoption from Orphanage Directors, even though a number of Ugandans have now been found who do wish to adopt. ICA is always accompanied by payments to stakeholders at all stages in the adoption process, such as lawyers and ‘Orphanage’ Directors. The PSWO is supposed to be the legal representative of the child in domestic adoption, however, thus there are minimal fees involved as lawyers should not be required.

## The Growth of inter-country adoption and the Amendment act reforms

This report has already referenced the fact that ICA became a serious subject of concern in recent years, with a sudden increase in numbers of children going abroad, principally to the USA. There was a big increase in Guardianship cases related to ICA from 2008 onwards, and the law surrounding it was apparently not operating as intended. A study was commissioned by the Ministry and published in 2014<sup>62</sup>. It confirmed cause for concern and clear malpractices.

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<sup>61</sup> Among, H. (2014). *Study on legal guardianship and adoption practices in Uganda*. MGLSD & UNICEF. Available at <http://www.bettercarenetwork.org/library/the-continuum-of-care/adoption-and-kafala/study-on-legal-guardianship-and-adoption-practices-in-uganda>

<sup>62</sup> *ibid*.



Uganda, like most African countries, has progressively become a sending country especially to the United States of America (USA) which receives approximately half of the children adopted internationally. In 2011, Uganda was among the top 20 countries of origin for inter-country adoptions to the USA. A report by the USA Department of State indicates that between 1 April 2008 and 30 September 2008, 30 children from Uganda received immigrant visas to the USA.<sup>63</sup>

The study noted, among other conclusions, that the relinquishment of parental rights for intercountry adoption is connected to the '*misconception that foreign adoptive parents have a great deal of resources to take care of the child as well as support the birth family*' and '*is also influenced by financial incentives from adoptive parents and children's homes.*'<sup>64</sup> The Children Act at that point required that any parent wishing to adopt had to foster the child first for a period of three years before adoption could be considered. The impact of the Guardianship processes was that it made adoption much easier and quicker than the law intended, allowing children to be taken out of the country and adoptions formalised overseas. It also turned out that some children's homes were being set up to facilitate making children available for ICA.

There have been a number of unethical practices linked to the establishment and operation of children's and babies homes, and the process of adoption. Of particular concern is the circumvention of adoption processes through use of legal guardianship processes; a deliberate recruitment of children from within the community into child care institutions with prospects of financial gain through adoption and legal guardianship; and relinquishment of parental responsibility under false/pretentious circumstances.

It is too soon to say whether the reforms enacted under the Children (Amendment) Act 2016 – which came into effect on 1 June, 2016 – will have the effect of halting the misuse of the Guardianship loophole, and whether existing children's homes will be motivated to use the Alternative Care Panel to facilitate national adoption.

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<sup>63</sup> Among, H. (2014). *Study on legal guardianship and adoption practices in Uganda*. MGLSD & UNICEF. Page 1

<sup>64</sup> *ibid.* p.ix



# What are the structures and processes governing alternative care?

## Legislation

The principal legislation governing care for children separated from their parents is the Children Act of 2004 which has recently been amended by The Children (Amendment) Act, 2016. This Amendment Act has been welcomed by the child protection agencies as it addresses a number of key issues. Once established, it should help tackle abuses and improve the operation of alternative care. As noted in the section above on adoption, the Act has closed a loophole in the legislation governing ICA, excluding foreigners from being eligible for Guardianship Orders. Obtaining these Orders had been the means whereby prospective inter-country adopters could avoid the three year residency and fostering requirement which was established under the 2004 Act as a prerequisite for adoption – national or inter-country. The Amendment Act has also reduced this three year pre-adoption, fostering requirement to one year, and is intended to encourage domestic adoption, not ICA. ICA is described as ‘the last option available to orphaned, abandoned, or legally relinquished children’.

The Amendment Act has also set out the concept of a ‘continuum of care’, which includes reference to family preservation, kinship care, foster care and institutional care. The Act places a duty on the Minister of GLSD to develop a ‘national strategy’ for the provision of prevention and early intervention programmes to families, parents, caregivers and children’ (S. 42B).

The principal Children Act governs all matters pertaining to the care of children, such as fostering and adoption, Guardianship and regulation of residential homes through the Children (Approved Home) Regulations. These regulations are subject to review and updating, and the most recent regulations were published in 2011. It is since 2011 that there has been a period of sustained activity following the Ministry’s adoption of a national Alternative Care Framework (ACF), which will be referenced frequently in this report. One of the concerns of Ministry officials, supported by UNICEF, was the burgeoning growth in numbers of institutions. The Ministry undertook initial mapping of the institutions in a number of Districts at this time and discovered that even those few that had sought registration knew little of the Approved Home regulations, and were often ill-equipped to implement them. The Ministry – supported by UNICEF and its NGO partners – therefore developed an *Approved Home Regulations Toolkit*. This has been an important tool for various alternative care and deinstitutionalisation projects which have been implemented since 2011, and it is also used by Ministry and District officials when they undertake registration inspections prior to the issuing of approval certificates. A number of reports note that the legislative basis for alternative care is relatively sound but that implementation is very weak, and these are themes which recur frequently in this report also.

## The Alternative Care Framework

In 2011, the Ministry of GL&SD, with support from UNICEF, set up an Alternative Care taskforce, 'to investigate the state of childcare in Uganda and develop a national Alternative Care Framework'<sup>65</sup>. This taskforce began to draw attention to the mushrooming of CCIs and aimed to promote and underpin a reform process. Through mapping projects in a number of Districts, it estimated that there were over 500 CCIs in Uganda, and a database of institutions was created with the intention of recording basic information on all these institutions. The taskforce developed a website to host the ACF and hold a number of reports and resources to inform State government officials and NGOs about the framework and the legislation surrounding alternative care. These initiatives also acted as a resource to underpin the Children (Approved Home) Regulation 2010 and the Children (Approved Home) Rules 2013.

The framework conforms to the norms found in the UN Guidelines for Alternative Care of Children, and promotes family support and preventing the separation of children from their parents or kin. The framework also sought to provide a mechanism to support the development of foster care and national adoption via the creation of a Child Placement Panel, and to place ICA and institutional care firmly in a last resort category.

## Data and the development of the database of CCIs

In general, neither Ministry nor Districts have the capacity to collect data about the children in alternative care. As we have seen, there are many NGOs and private individuals running residential facilities of one kind or another. These may well maintain some records of the children, but this data is not reported to government and collated at District or national level. As already emphasised, many of these providers are not conforming to legal requirements or operating their facilities in compliance with regulations or guidance.

One important exception to the lack of systematic data has been the work to create a database of CCIs by the Ministry. As part of the early work to develop the ACF within the Ministry, staff recognised the need to capture some basic data about all the institutions that had (and were continuing to) spring up, and began to assemble a database based on visits to institutions and reports from PSWOs. It is this important work which led to the estimated figure of 500+ child care institutions being reported in 2012 (Riley, 2012).

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<sup>65</sup> Riley, M. (2012). *Baseline Study: The state of Institutional Care in Uganda*, Page.5

The database used three broad categories to begin classifying the CCIs that were discovered:

- Confirmed – those child care institutions and alternative care providers whom have been visited by a District [official] and the details of the organisation recorded on the data collection form and entered onto the directory.
- Unconfirmed – those organisations ‘known’ to the Ministry of Gender, Labour and Social Development but their details have not been confirmed on the data collection form. A blank record with the last ‘known’ information exists on the directory but will remain unconfirmed until a data collection form has been completed.
- Hidden or Unknown Institutions – these are institutions where no information currently exists and therefore this number is estimated based on the average number of ‘hidden or unknown’ institutions discovered when undertaking assessments and investigations in the districts.

At the point where the first Baseline Study was published and when data had not been returned from all Districts, there were 243 ‘Confirmed’ CCIs, 221 ‘Unconfirmed’, and a further 100+ ‘Hidden or Unknown’. However, the report also noted grave and continuing concerns, ‘A worrying trend is that child care institutions are being set-up weekly without the knowledge or permission of MoGLSD or district staff,’<sup>66</sup> and suggested that this number was likely to be the highest per capita rate in the world, a view the author of this report concurs with. The Commissioner for Children and Youth, the most senior civil servant in the Ministry interviewed for this report, confirmed that the figure for the number of CCIs was likely to be over 600 – a truly shocking statistic, while Riley and others think that the figure may have reached 800+.

The child care law is clear that owner/organisations seeking to run an institution should be registered with the Ministry, and there are detailed guidelines about how these should be established and operate. All children placed in a home should be there on the basis of a Court order, the homes should notify the District PSWO and work with them to get the court order and work to it. Court orders last for a maximum of three years and the intention of the law is that residential care should not normally be used for more than three years. The priority of maintaining children in families and return them to families is also explicit in the Children Act. However, despite the development of the national Alternative Care Framework dedicated to reforming the current system, the challenges are considerable. Recent research points to the difficulty in realising governmental oversight of the system and enforcement of basic legal requirements, such as the duty to register homes.

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<sup>66</sup> Riley, M. (2012). *Baseline Study: The state of Institutional Care in Uganda*, Page.8

The Uganda National Alternative Care Framework requires that the Ministry undertakes regular assessments of all known child care institutions. However, owing to logistical and human resource constraints, minimal efforts have been dedicated to this function. In addition, probation and social welfare officers at district level often struggle to fulfil their obligations under the children's Act... They are incapacitated due to lack of awareness of their roles, limited knowledge and appreciation of quality care standards..and a possibility of being complicit in unlawful practices committed by CCIs.<sup>67</sup>

Uganda is by no means alone in either the recent increase in homes, or the fact that they are operating outwith the law and that the Government does not have the capacity to regulate them or to enforce the laws, as a recent report on alternative care in Ghana, Liberia and Rwanda indicates.

Despite the development of strong laws, policies, regulations and standards related to childcare **operationalization, enforcement and implementation were noted as being particular challenges**. This is especially due to limited awareness of the legal framework among stakeholders.<sup>68</sup>

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<sup>67</sup> Walakira, E., Dumba-Nyanzi, I. & Bukenya, B. (2015). *Child care institutions in selected districts in Uganda and the situation of children in care: A baseline survey report for the Strong Beginnings project*. Kampala: Terre des hommes, Netherlands. Page 32.

<sup>68</sup> Better Care Network & UNICEF. (2015). *An Analysis of Child-Care Reform in Three African Countries, Ghana, Liberia and Rwanda: Summary of Key Findings*. BCN & UNICEF. Page 16 (Emphasis in original)

## The role of State departments

‘government spending on child protection is marginal’<sup>69</sup>

### Ministry of Gender, Labour and Social Development

Responsibility for alternative care lies with the Ministry of Gender, Labour and Social Development (MGLSD), and specifically with the Commissioner for Children and Youth Affairs and his staff, alternative care coming under the Children section. There are only a small number of staff directly working in the Children section and they are responsible for the usual range of central policy development and national oversight functions, however an Alternative Care Unit has been created within this Department in order to maintain focus on monitoring and reforms. There is no separate ‘Inspectorate’ for alternative care institutions and the task of registering Uganda’s hundreds of residential care facilities lies with this small group, while monitoring is shared with the District PSWO. The overall budget for this section is very small, and government spending on any aspect of child protection is likewise very small, as attested by UNICEF in its recent report<sup>70</sup>. In interview, the Commissioner openly acknowledged that he did not have the staff or budget to carry out all their functions and duties. In fact, he reported that perhaps 80% of his budget came from the major NGOs. This was obviously welcome, and in fact essential, but it meant that he did have to work with this group of organisations when developing his plans and priorities for the year, and he acknowledged that all these agencies ‘have their own priorities’ within the overall policy areas. For example, the NGO-funded deinstitutionalisation projects ACCoSS and DOVCU are providing additional staffing into the Alternative Care Unit.

### Districts and de-centralisation

When de-centralisation started, following the passing of the Local Government Act 1997, there were 30 Districts. However, since then there has been continuous political pressure to create more Districts, through a process of sub-division, until we are currently at the station of 112 Districts. One consequence of this process of sub-division has been that there has been a loss of continuity and stability for areas of work, such as monitoring and child protection carried out by the PSWOs. On the more positive side, it has meant that there have been increased numbers of PSWOs, but they still have huge remits and very, very low budgets, such that they are often unable to travel to institutions to carry out investigations or monitoring visits.

In fact, one informant noted that the explosive growth in numbers of new institutions had coincided with the process of decentralisation and splitting up of Districts - ‘child welfare just disappeared from the political and resource agenda’. He offered the following

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<sup>69</sup> UNICEF Uganda. (2013). *Assessing Child Protection, Safety and Security Issues For Children in Ugandan Primary and Secondary Schools. Research Briefing*. Kampala: UNICEF Uganda. Page 3.

<sup>70</sup> Ministry of GLSD & UNICEF. (2015). *2015 Situation analysis of Children in Uganda*.

image of how the process of creating child protection responsibilities at District level without adequate resources or training had created the conditions whereby institutions could be easily opened:

‘You could get off the plane at Entebbe in the 1990s and you went to a District, they would say ‘oh, you need to see the Ministry of Gender’. You would go the Ministry and the Commissioner would say we don’t believe in orphanages if you want to help let’s invest in family-based care. That disappeared, you can now get off the plane in Entebbe and start collecting children within hours.’

The Commissioner also confirmed that there were very significant budget and capacity issues at District level. He drew attention to the fact that the work of the PSWOs was not one of the PI (performance indicator) areas, which those responsible for monitoring the performance of the Districts paid attention to. Informants were clear that the work of the PSWOs just generally did not attract recognition by the District level politicians or support from senior officials. PSWOs do not have to be trained social workers and therefore are not well-equipped to undertake the case management and monitoring of residential facilities. One of the achievements of the various deinstitutionalisation projects since 2011 has been the delivery of in-service training to PSWOs and some of the subsidiary staff – CDOs – who work with them. This has led to some PSWOs becoming much more confident and proactive in their roles. However, several informants also noted that sometimes even well-intentioned PSWOs are somewhat compromised by their reliance on the resources of the NGOs who they are meant to be monitoring – for example, a PSWO might not have any travel budget to allow them to undertake a monitoring visit and may have to accept the offer of the institutions itself to drive them to the home they are inspecting. There is one particular case that is well-known, where one PSWO had actually opened up a residential home in order to facilitate ICA and, though they have been ordered to close down the home by the Ministry, no one was confident that that had actually happened.

## Referral and admission

Children can enter the alternative care system through a variety of routes. In the worst case scenarios children are actively recruited by unscrupulous operators, but children can often be referred by families, concerned churches or local child protection committees, and through the Police or a PSWO. The *Strong Beginnings* report is one of the few sources of evidence of what proportions of children might come from various routes. It notes 28% referred by relatives, 42% by the Police/PSWOs, 7% by ‘local leadership structures’ and 8% admitted directly by CCI staff. Walakira and colleagues comment that these direct admissions, and some others, are contrary to the Children Act and regulations.

..in most cases, the placement of children in the CCIs occurred without the active involvement of the PSWO. In addition more than half of the children (51%) in the CCIS were admitted without a court order.<sup>71</sup>

While a residential facility can admit a child in an emergency, this is supposed to be only at the request of the PSWO or a Police Officer, and a Court order has to be sought within 48 hours. These Court orders can only be given for a maximum of three years, and all the regulations state that the child should be returned to the family if possible and that the residential facilities should not be used for long-term care. Amongst other provisions, the regulations state that the home must keep records on each child and that the child's case record shall be reviewed once every twelve months by the 'warden' of the home and the PSWO. Homes are to be inspected by the PSWO every six months. These regulations are quite standard and are clearly intended to guide the operation of a professional system of care, however they are clearly not being followed by many providers nor monitored by most PSWOs for the reason evidenced throughout this report. They place an enormous set of duties on the PSWO and, in fact, for them to be fully operationalised would require each District to have a substantial team of trained PSWOs.

## The Alternative Care Panel

One of the innovations associated with the *Strong Beginnings* project was the creation of an Alternative Care Panel. This was set up to authorise the new formal fostering and adoption placements which were being encouraged by that project. The panel was set up on an inter-agency basis and included representatives with expertise in social work and child development, and also included representatives of the Police and Ministry. It was chaired by a Ministry official but was seen as independent from the Ministry<sup>72</sup>. The panel is intended to be a 'gate-keeping' mechanism and was seen as having the potential to evolve into a mechanism for reviewing placement decisions for all the children in a District, and for underpinning deinstitutionalisation processes. The current USAID-funded deinstitutionalisation project operating across multiple Districts is in the process of setting up Alternative Care Panels in several of them.

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<sup>71</sup> Walakira, E., Dumba-Nyanzi, I. & Bukenya, B. (2015). *Child care institutions in selected districts in Uganda and the situation of children in care: A baseline survey report for the Strong Beginnings project*. Kampala: Terre des hommes, Netherlands. Page 13.

<sup>72</sup> Walakira, E., Ochen, E., Bukuluki, P. & Allan, S. (2014). Residential care for abandoned children and their integration into a family-based care setting in Uganda: lessons for policy and programming, *Infant Mental Health Journal*, 35(4), pp.144-150



## Workforce development

Informants confirmed that few qualified social workers are employed in CCIs and that social work practice within residential and foster care services is very limited. However, that generalisation does not apply to all service providers, and it is precisely in some of the progressive NGOs – local and international - that some qualified social workers are employed to support the development of appropriate alternative care. As already noted, there is a great gap in statutory provision of social work services, with the PSWO being the single social work-type post in each District. However, this post is not in any way protected or designated for qualified social workers, and informants reported that often the posts are filled by people with social sciences or humanities degrees.

Nevertheless, the CPWG Coordinator reported that the weakness in social work capacity has been recognised by the Government. Currently, the Ministry – with the support of UNICEF – is undertaking a national social work assessment, ‘They are going to do a countrywide assessment and this will inform discussion about what steps we need to take to strengthen the capacity of social work in this country’. There is also a national association of social workers which is pressing for change and strengthening of the system.

Makerere University, in Kampala, has a long-established Department of Social Work and Social Administration that provides both undergraduate and postgraduate courses in social work. However, given the lack of formal social work structure in the country, the opportunities for ‘practice placements’ are very limited. One recent development has been the creation of a ‘Child Protection Certificate’, which is offered by this Department at Makerere.

The various deinstitutionalisation projects described in this report have also included within them some short training courses for PSWOs, residential facility staff and others within the organisations which have taken part. In 2011-12 there was a major training effort aimed at the great majority of PSWOs across the country, in preparation for the roll-out of the *Approved Homes Assessment Toolkit*<sup>73</sup>. The *Strong Beginnings* and *DOVCU* projects also incorporated trainings for participants. And, of course, many of the most committed and professional of the local NGOs provide their own training in support of fostering and other deinstitutionalisation initiatives.

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<sup>73</sup> Riley, M. (2012). *Baseline Study: The state of Institutional Care in Uganda*. Kampala: Ministry of Gender, Labour and Social development

## Para social workers

The term 'para social worker' has started to emerge, especially in relation to the emergent family support and resettlement work which is such an essential component of deinstitutionalisation. Within Uganda, the term is being used to describe community volunteers, who may not have any post-secondary level of education but who are seen as having the personal skills and qualities to support families and to be given in-service training to build their understanding and skills.

## Key findings and recommendations

### Key findings

The circumstances facing many children in Uganda are very challenging and there are numerous severe challenges to their healthy development, care and protection. The existence of strong formal commitments to children's rights and legal provision to protect children is simply not proving the foundation for action that might be anticipated. This is due to the weakness of government institutions at central and local level, but also due to the impact of poverty on families, and traditions and cultural practices which place female children in an especially vulnerable position.

The informants for this report emphasised the following issues around alternative care and the efforts to promote a less institutionalised response.

- There are grave concern about the huge growth in the number of institutions. The concerns are about:
  - the motivation for opening these homes in some cases,
  - the avoidance of legal requirements,
  - the lack of gate-keeping mechanisms,
  - the length of time children stay, and
  - the quality of care provided.

Some of them are viewed by the experts as little more than boarding schools for poor(er) children, but where children have limited contact with families.

- Recent and current alternative care projects have generated knowledge about what is going on, but this knowledge needs to lead to greater government funding and also to inform the many NGOs (national and international) about the weaknesses in the current situation and the importance of restructuring services.
- Many, many children are being cared for by relatives. However, there is widespread agreement that traditions of kin care are weakening.
- The desire of all families to get a good education for their children, and the difficulties poor families face in meeting additional school costs, are undermining traditions of community responsibility and kinship care for children. It also

provides an opening to unscrupulous founders of homes who see an opportunity to make money by offering to provide a home and education, while seeking overseas sponsorship of the children on the grounds that they are 'orphans and vulnerable children'.

- Many of the homes have little idea about meeting government regulation and operating in accordance with any kind of child rights or child welfare practice which might prioritise family tracing and reintegration (resettlement).
- Some homes have never been visited or certificated by government officials and almost nothing is known about them.
- Most informants believed that the great majority of children found in residential facilities currently could be returned to the care of their parents or kin. However, note must also be taken of research which shows that it is not only poverty and loss of parents that has led to admission, but rather a combination of factors, including domestic violence, physical and sexual abuse.
- The informants recognised that some children do need at least temporary protection, and that some would need longer term care which could be provided through fostering and adoption as well as residential care.
- However, there is a lack of government capacity at Ministry level to enforce basic legal requirements such as the certification process. Even where an assessment of a residential facility has been carried out the capacity to undertake follow up monitoring, including closure of homes, is limited.
- The personnel with responsibilities for alternative care placements and monitoring of residential facilities are the PSWOs, assisted by CDOs. Although most of these posts are now reported to be filled, and some training has been carried out, they are still hugely under resourced in numbers and budget to carry out these tasks.
- It appears that the owners of some of the newer, faith-based residential care facilities are reluctant to engage with either government officials or legal regulations – the Alternative Care Framework – and some are not willing to engage with other providers to share learning and develop. They instead appear to rely on their own sense of mission and particular Christian understanding.
- Progress is being made – the Ministry has been carrying out an intensive round of registration visits, and PSWO Officers have been encouraged and trained in alternative care. There are currently some alternative care projects in operation, including a very significant USAID-funded deinstitutionalisation project which is working in 12 Districts across the country.
- Overseas donors (corporate and individual) seem to have little awareness in the problems of unregulated and uninformed residential care, and the pattern of their use in Uganda. They are not engaging with the Alternative Care Framework and continue to sponsor children in institutions.

## **Recommendations/ priorities for action**

- 1** Continued strengthening of Ministry and District capacity to register, monitor, persuade and educate owners/managers of CCIs to work to the Alternative Care Framework.
- 2** Advocacy aimed at promoting the importance of the Alternative Care Framework to senior District politicians and officials.
- 3** Share learning across agencies about best methods of sustainably supporting kin families in context of resettlement and prevention work.
- 4** Continue to pilot fostering and to share practice as it emerges.
- 5** Increase capacity of CCIs to operate as per the Guidelines, notably with concepts of family contact, improved care-planning and record-keeping.
- 6** Advocacy aimed at donors and funders regarding sponsorship of children in institutions, the dangers of ICA corruption, orphanage tourism, etc.
- 7** Faith-based advocacy will be an important part of any such education and advocacy efforts.

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# Appendix 1

## List of interviews/informants

Name	Organisation
<b>Ronald Ssentuuwa</b>	SOS CV National Office & Project Manager, Alternative Care Consortium on Systems Strengthening (ACCoSS)
<b>Mark Riley</b>	Director, Alternative Care Initiatives (ACI), Local NGO
<b>Catherine Muwanga</b>	OVC Specialist, USAID
<b>Rosette Sayson Meya</b>	Human Rights Advisor, Great Lakes region, EU Office, Uganda
<b>Damon Wamara</b>	Country Director, Dwelling Places, Local NGO
<b>Mondo Fred Kyateka</b>	Commissioner, Youth and Children, MGLSD
<b>Evelyn Mulumba &amp; Jimmy Obbo Ivans</b>	Case Worker, Counsellor Project Manager (ANPPCAN) Africa Network for the Protection and Prevention of Child Abuse and Neglect, Uganda
<b>Irene Oluka</b>	Child Protection Officer, UNICEF
<b>Agnes Wasike</b>	Coordinator, Child Protection Working Group, MGLSW
<b>Margaret Atimongo</b>	OVC Program Manager, Save the Children
<b>Tracy Kyangulanyi</b>	Independent Consultant, formerly Director at Child's i Foundation, currently working with ACI.
<b>Bona, Rita and Carol</b>	Foster parents
<b>Francis Luganda</b>	CALM Africa, Foster Programme Director
<b>Children groups</b>	Kids of Africa (Swiss NGO), SOS children's Village, Entebbe
<b>Mary Nakanzibwe</b>	Senior PSWO, Wakiso District
<b>Florence Kizito</b>	Family-Based Care Director, Entebbe Village
<b>Carol Bankusha</b>	ACI Consultant, ex-senior PSWO, Kampala
<b>Owiny Morris</b>	Care leavers association and Director of Atin Afrika NGO

### **About CELCIS**

CELCIS, based at the University of Strathclyde in Glasgow, is committed to making positive and lasting improvements in the wellbeing of Scotland's children living in and on the edges of care. Ours is a truly collaborative agenda; we work alongside partners, professionals and systems with responsibility for nurturing our vulnerable children and families. Together we work to understand the issues, build on existing strengths, introduce best possible practice and develop solutions. What's more, to achieve effective, enduring and positive change across the board, we take an innovative, evidence-based improvement approach across complex systems.

### **For more information**

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